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A Spirit in Action: The Therapeutic Relationship with Aboriginal Clients.

by

Jason Bryon Murray

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the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of
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in

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ABSTRACT

The emerging multicultural perspective in psychology has indicated the need to study psychological constructs, like the therapeutic relationship, from within the framework of culture. Aboriginal people represent a cultural group that most helpers who work in Canada will have as clients at some point in their careers. Four helpers who have worked at length with Aboriginal people were interviewed about their experiences regarding the creation of a therapeutic relationship with their clients. Qualitative data were collected and analyzed, and the results which emerged represented the helper's willingness to learn, their ability to extend their presence beyond the typical helping boundaries, and the importance of gaining credibility in the eyes of their clients. Compared to the reviewed literature, the results highlight these participant's belief that having certain attitudes, skills, or knowledge was not enough to create a good therapeutic relationship. For these participants, expanding themselves into the client's culture, and deliberately including that culture into the therapeutic process, enabled them to create a strong therapeutic relationship where they were perceived as being "credible" in the eyes of their clients.

DEDICATION

Although my name will be listed as the author of this thesis, there have been many people, invisible to the reader, who have guided me to this point. Friends, family, teachers and advisors have all made enormous contributions and sacrifices so that I may have the honor and luxury of this experience. I cannot list you all, though you must know that going unnamed does not mean your contribution was unknown to me.

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Chapter 1

Introduction

In response to the increasing cultural diversity of Canada and the United States (Arthur & Stewart, 2001; Pedersen, 1999a; Statistics Canada, 1996), as well as calls from various cultural minority groups (Assembly of First Nations, 1994) many writers indicate that psychology and counselling need to become a culture-inclusive science - that is, a science that routinely takes cultural variables into account (Garret & Garret, 1994; Pedersen, 1999a; Sue & Arredondo, 1992). In addition, the ethnocentric nature and limitations of traditional counselling theories has been increasingly addressed in psychology (Bruce, 1999; Garret & Garret, 1994; Herring, 1992; Sue, 1991; Sue & Arredondo, 1992; Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttal, 1982). There has been a call for a culturally-responsive practice of counselling, one that properly acknowledges and accounts for the premise that all counselling takes place from within cultural contexts (Sue et al., 1998). The call to develop and improve counselling vis-a-vis culture has led to the emergence of a fourth force, or paradigm, in counselling that has been termed "multiculturalism" (Pedersen, 1999a; Pedersen, 2001; Sue, Ivey, & Pedersen, 1996). According to Arthur and Stewart (2001), incorporating the tenets of this emerging perspective marks fundamental changes in the ways in which psychologists think about counselling services in Canada.

Sue, et al. (1996) suggest that an effective multicultural counsellor will use a process which is consistent with the client's values, life experiences, and cultural orientation. But are current counselling approaches compatible with this process? Das (1995) argues that all present forms of counselling are related to the culture in which they

originated. Therefore, prevalent helping models are chiefly a product of European-American culture and reflect a culture-specific institution (Das, 1995). Specific helping techniques may not be transferable from one cultural setting to another. In a review of empirical research, Carter (1991) indicates that the cultural values of minority groups do differ from dominant, "white" American cultural patterns, and that this difference may result in a minority client viewing existing therapeutic models as yet another form of institutionalized control in which they are required to conform to the social and psychological values of the dominant culture in order to receive help.

Research by Arthur and Januszkowski (2001) indicated that while counsellors could identify differences in cultural values between themselves and their clients, they were less certain about how to bridge the conflicting world views for effective counselling. This led to the conclusion that knowledge of multicultural theory alone may not be enough to prepare counsellors for work with culturally diverse clients. There is a need for research to increase the knowledge and understanding of multicultural counselling (Ponterotto, 1996), the applicability of mainstream counselling approaches when working with clients of a different culture (Das, 1995; LaFromboise & Trimble, 1990), and the ways in which indigenous cultural healing methods may be used in conjunction with existing mainstream approaches (Engelsmann, 2000; Kirmayer, et al., 2000).

Following Fischer et al. (1998), Daya (2001) suggests that research into common factors which exist across therapeutic models may be more beneficial in terms of applying multicultural theory. She indicates that factors like the therapeutic relationship (therapeutic alliance), a shared world view, and principles of change, are common amongst all psychotherapies and represent areas of research with more immediate utility

for counsellors.

When working with a client from another culture the development of a therapeutic relationship may be problematic (Burkard, Ponterotto, Reynolds & Alfonso, 1999; Fitzgerald & O'Leary, 1990). Langer (1999) suggests that helping professionals who are knowledgeable about their client's culture improve the strength of the therapeutic relationship. Yet many training programs may not adequately prepare helpers to work with culturally different populations, such as Aboriginal people (Bruce, 1999; Herring, 1990; Sue & Arredondo, 1992). As a result, Herring (1992) suggests that current helping paradigms do not include the necessary skills and knowledge for working with Aboriginal clients. Both Herring (1992) and Garret (1999) indicate the need for helpers to become aware of the differences between the dominant and Aboriginal cultures, and to consider those differences when working with Aboriginal clients.

Many authors (Bruce, 1999; France, 1997; Garret, 1999; Garret & Garret, 1994; Herring, 1994;) provide suggestions for non-Aboriginal helpers regarding work with Aboriginal clients. This includes knowledge of important aspects of Aboriginal culture (France, 1997) as well as potentially useful therapeutic methods or techniques (Garret & Garret, 1994; Herring, 1994). Some researchers place an emphasis on variables that relate to the relationship between the non-Aboriginal helper and the Aboriginal client (Bruce, 1999; Janzen, Skakum, & Lightening, 1994; Smith & Morrissette, 2001). This includes understanding the world view of the Aboriginal client, which could comprise issues like the effects of residential schools, acculturation, spiritual beliefs and other values (Bruce, 1999; Herring, 1996). Personal helper characteristics, such as trust, safety and patience have also been indicated (Bruce, 1999; Garrett, 1999; Herring, 1990). While these interpersonal, relationship variables have been highlighted in the literature, no known research has been undertaken to

investigate what factors impact the process of creating a therapeutic alliance between non-Aboriginal helpers and Aboriginal clients. Smith and Morrissette (2001) identify the need for further research to better understand the nature of the relationship between the Aboriginal client and non-Aboriginal helper.

Considering that Aboriginal clients represent a culture which most helpers in Canada will have contact with at some point in their careers (Arthur & Stewart, 2001), and that the majority of helpers in Canada are not Aboriginal, an understanding of how non-Aboriginal helpers have created a strong therapeutic alliance would be very beneficial. This study is intended to contribute to the knowledge base of non-Aboriginal helpers and other people working with Aboriginal clients to obtain an enriched and more elaborate understanding of the process of establishing a strong working alliance with Aboriginal clients.

Purpose of the study

The purpose of this study is to identify important variables which non-Aboriginal helpers found beneficial in the creation of a therapeutic alliance with their Aboriginal clients, and how this may be similar and different from the current understanding regarding alliance. Specifically, this study has two objectives. First, this study is designed to present the perspective of non-Aboriginal helpers who are experienced in working with Aboriginal clients. The second objective is to identify variables - such as helper traits, therapeutic activities, or knowledge - that helper's perceived as important in the creation of a therapeutic alliance. In addition, this study will compare these results with the existing literature regarding therapeutic alliance, the general field of multicultural counselling, and helping Aboriginal clients. From this it is hoped that readers, non-Aboriginal helpers and other individual or groups working with Aboriginal clients,

will become further educated as to creating strong working relationships with their clients.

Research questions

The research was guided by two questions:

1. From the perspective of the non-Aboriginal helper, what is the meaning and content of the therapeutic relationship/alliance when working with Aboriginal clients?

2. From the helper's perspective, how do non-Aboriginal helpers address the creation of therapeutic alliance with Aboriginal clients?

Rationale

There are several reasons why a study like this is important. Aboriginal people may be involved with helpers in a variety of different contexts. This includes helpers in the fields of social work, counselling, and psychiatry (Arthur & Stewart, 2001; Kirmayer, Brass,& Tait, 2000; Williams & Ellison, 1996) Consequently, helpers from almost any discipline are likely to have Aboriginal people among their clientele (Garret & Myers, 1996).

Considering that so many diverse helping disciplines work with Aboriginal clients, it becomes both important and expedient to address a common element. The concept of the therapeutic alliance is common throughout many diverse helping professions, such as personal and career counselling, psychotherapy, social work, nursing, and education (Kavanagh, Absalom, Beil, & Schliessmann, 1999; Meara & Patton, 1994; Ogrodniczuk, Piper, Joyce, & McCallum, 2000; Poulin & Young, 1997; Williams & Ellison, 1996). Among these various disciplines, the importance of the relationship with the client has received increasing attention.

Previous research has indicated some general guidelines for working with Aboriginal clients (Bruce, 1999; Garrett, 1999; Garret & Myers, 1996; Herring, 1990), including many relationship variables like safety and trust. As the therapeutic alliance accounts for many of these relational variables, it may be the most germane topic for any helping professional working with Aboriginal clients (Herring, 1990; Herring, 1992; Janzen, et al., 1994).

Finally, it should not be assumed that helping concepts such as therapeutic alliance will have identical function and application in the Aboriginal culture. Helpers should not assume that what has therapeutic value in the mainstream culture can be successfully transferred to Aboriginal clients (Das, 1995; Garret, 1999; McKenzie & Morrissette, 1993). Studies in cultural psychology seem to confirm this argument (Cole, 1996; Shudder, 1991), suggesting that an investigation into how non-Aboriginal helper's build a therapeutic alliance with Aboriginal clients is warranted.

Definitions

Helper and client

Helper is a broad and generic term used to indicate a person providing any type of professional psychological health care services (Hill & O'Brian, 1999). Helpers may include psychologists, counsellors, social workers, or psychiatrists. While helpers may have varying types and levels of education, fundamental to this study is that all helpers interviewed had a sufficient degree of experience working with Aboriginal clients that they could speak with confidence and certainty about therapeutic alliance.

The term client refers to the person receiving health care services. For the purposes of this study, the term client refers to any Aboriginal person with whom a helper has had professional contact and who has

developed an alliance within that context.

Aboriginal

Aboriginal people have been legislatively defined by the government of Canada as Status (treaty) Indian, Metis, Inuit, or non-status Indians (Marten, Daily and Hodgson, 1988). The term Status Indian refers to those registered under the Indian Act of Canada, which entitles them to certain benefits. Metis refers to individuals of both non-native and native ancestry. The term Inuit refers to native people of the northern territories, who are without treaties and have some benefits. Non-status Indians are individuals who have lost their status under the Indian Act of Canada.

However, Aboriginal people may define themselves in many different ways: by tribal affiliations, language, ancestry, and values (Garret, 1999; Herring, 1992; Marchand, 1990). While Aboriginal people as a group display a wide variety of regional cultures, languages, and degree of cultural commitment, a certain amount of shared cultural meanings, values and psychological homogeneity exists (France, 1997; Garret & Myers, 1996).

For the sake of consistency in the text the word Aboriginal will be used in this study. The term Aboriginal is used in this study to refer to any person of Native, Metis or First Nations descent in Canada. Thus it includes any person with or without status under the Indian Act of Canada who refers to themselves as a person with Native, Indian, or First Nations ancestry.

Culture

For the purpose of this study, culture is defined using the more broad and inclusive terms favored by Pedersen (1999a; 1999b) and Sue et al. (1998). Culture is not limited to ethnic or racial characteristics alone,

but also includes features such as sexual orientation, race, class and gender. Every group or society that shares and transmits behaviors to its members possesses a culture, and an individual may belong to more than one cultural group (Pedersen, 2001). A more in depth definition of culture is provided in the literature review.

Overview of thesis

The thesis starts by outlining the background information relevant to the thesis topic and research questions, and rationale for conducting the study. Chapter Two is a literature review, including current definitions of therapeutic alliance, research regarding work with Aboriginal clients, and cultural competency issues as they relate to helping professions. Following this, Chapter Three describes the approach used in this study to answer the research questions. It also includes information on the participants in this study. Chapter Four presents the findings, while the subsequent discussion of results, including suggestions for helpers, implications of the study, and directions for further research, is in Chapter Five.

Chapter Two

Literature Review

This review begins by examining past and current definitions and research implications of the concept of therapeutic alliance in helping professions. It includes descriptions of the elements of alliance - tasks, goals, and bond - with a specific focus on the importance of the bond in alliance. The role of the client and the helper in alliance is also discussed. Next, general research regarding multicultural considerations in psychology and counselling is presented. This includes a review of the current global and cultural issues relating to helping Aboriginal clients, specific recommendations on therapeutic techniques, and beneficial personal helper qualities as they relate to developing a positive working relationship with Aboriginal clients.

Therapeutic alliance

Therapeutic alliance is the mutual, collaborative and cooperative working relationship that exists between the helper and the client (Meara & Patton, 1994). It is a major component of nearly all counselling and psychotherapy approaches, and has recently found its way into other helping disciplines like social work and nursing (Ogrodniczuk, et al., 2000). Since its origins in psychoanalytic theory many differing conceptualizations have been advanced, though contemporary research tends to view the therapeutic alliance in terms of three main features: tasks, goals and bond (Bordin, 1979; Meara & Patton, 1994). However, recent empirical research suggests that the concept may be better viewed in terms of two main variables: tasks and goals as one, and the more Rogerian concept of bond as the other (Keijsers, Schaap, & Hoohduin, 2000a). In

addition to these features the role of both the helper and the client in actualizing these elements has also been discussed, suggesting that each makes important contributions to the formation of an effective alliance (Meara & Patton, 1994; Sharpley, et al., 2000). Thus, the working alliance is an integrated relationship consisting of goals, tasks, and bond that in combination determine the quality and strength of the counselling relationship (Satterfield, William, & Lyddon, 1998). A strong working relationship is characterized by the helper's and the client's mutual endorsement and participation in all three features.

For the purposes of this study, the researcher follows the suggestion of Keijsers et al. (2000a) and conceptualizes therapeutic alliance in terms of two main features. The first consists of the goals and tasks, both of which are collaboratively created and maintained by the helper and the client. The second is the more Rogerian concept of bond - the therapeutic relationship between client and helper. The rationale beneath this slight reconceptualization is evident if one further organizes these features by indicating that both tasks and goals may be seen as being negotiated and actualized within the context of the bond.

A similar two part model of therapeutic alliance has been adapted in the social work setting, where the two features have been termed the structural component and the interpersonal component (Poulin & Young, 1997). In this conceptualization, the structural component refers to identifying the target problems to be addressed, the selection of tasks to solve the problems, and the development of a means of monitoring progress toward achieving the goals (Poulin & Young, 1997). This component draws heavily from the task-centered model of social work practice developed by Reid and Epstein (Poulin & Young, 1997). The interpersonal component refers to the psychological bond that develops between the client and the social worker based on many cognitive and emotional responses to their

interactions (Poulin & Young, 1997). These responses can be defined with words like trust, respect, comfort, hope, and understanding.

Tasks and goals

Tasks refer to the activities and strategies that form the substance of the counselling process (Satterfield & Lyddon, 1998). Tasks may also be described as the activities selected by the helper and the client to meet the goals. Because tasks may vary greatly between different helpers and clients, the actual content of the tasks can vary greatly. They may include specific types of therapeutic interventions or techniques, other agreed upon activities that the client or the helper will engage in, or even the specific roles that both the client and the helper will play.

Goals are the results or achievement toward which the tasks are directed. Setting suitable goals involves the counsellor's assessment of the appropriateness of the client's reasons for wanting help and the suitability of the client for the kind of assistance the helper can provide (Meara & Patton, 1994). The content of goals is as diverse as in tasks. Goals may include treating specific personality problems, addressing emotional issues, becoming more self-actualized, or changing maladaptive behavior (Corey, 1996).

Clearly there is a reciprocal relationship between tasks and goals (Horvath & Greenberg, 1994; Poulin & Young, 1997). The content of the goals will influence the selection of the tasks designed to meet those goals, and from the process of the tasks some change in goals may occur. Thus, the practice of developing and practicing both tasks and goals is best conceived as being interactive rather than linear in process.

The content of both tasks and goals must match the requirements of the particular client; a specific client issue may require a particular treatment. But it is the degree to which the helper and the client co-operate

and collaborate on the content of both the goals and tasks which best determines the strength of the therapeutic alliance (Keijsers, et al., 2000a; Meara & Patton). The more that a helper and client agree upon and collaboratively work on goals and tasks, the more likely that the final outcome of the helping relationship will be positive (Keijsers et al., 2000a; Ogrodniczuk, et al., 2000).

Bond - the therapeutic relationship

The working, interpersonal relationship between the helper and the client is the bond variable in therapeutic alliance (Keijsers, et al., 2000a; Meara & Patton, 1994). It is the context in which all helping work is done and the quality of the bond can influence all other elements of therapeutic alliance. Therefore, before tasks and goals can be fully set and utilized, the bond must be established (Horvath & Greenberg, 1989). Bond is typically described as being positive and emotional in nature, and can be characterized with descriptive terms like warmth, empathy, caring, trust, rapport, and safety (Corey, 1996; Poulin & Young, 1997; Sharpley, et al., 2000). Although some differences in the precise definition of the relational descriptors which make up the bond exists amongst the various therapeutic modalities, there is some research to suggest that the three relational variables introduced by Carl Rogers (1957) - empathy, unconditional positive regard, and congruence - are central to therapeutic alliance (Keijsers et al., 2000a). Rogers used the term therapeutic relationship to describe the bond between client and helper (Rogers, 1961).

Rogers advanced the concept that the relationship between the client and the helper was itself the agent of positive change for the client: "If I can provide a certain type of relationship, the other person will discover within himself or herself the capacity to use that relationship for growth and change, and personal development will occur" (Rogers, 1961, p. 33).

He further elaborated on the characteristics of the therapeutic relationship and provided six conditions which were necessary and sufficient for positive changes to occur:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is experiencing incongruence.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard or real caring and acceptance for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved (Rogers, 1987, pp.39-41).

He hypothesized that if the six conditions exist within a helping relationship over a period of time, constructive change will occur. Thus, Rogers places strong emphasis on the role that the therapeutic relationship plays in creating positive change within a helping environment.

In particular, three personal characteristics, or attitudes, of the helper form the central part of the therapeutic relationship: congruence (or genuineness), unconditional positive regard and acceptance, and accurate empathic understanding (Rogers, 1957; 1980).

Congruence is a helper trait which suggests that they are genuine, integrated and authentic in the therapeutic relationship (Rogers, 1980). The helper's inner experience matches their outer expression, and the helper can openly express the feelings, thoughts and attitudes that are present in the relationship with the client (Corey, 1996). This authenticity means that

helpers are both experiencing and being the feeling and thoughts, negative or positive, that exist within them. There is a close matching between what is being experienced at the gut level, what is present in awareness, and what is expressed to the client, though not to the degree that the helper is impulsively sharing all thoughts and feelings (Rogers, 1980). Through this authenticity the helper serves as a role model for open and honest communication, and demonstrates the struggle towards greater realness which Rogers saw as a feature of psychological health (Rogers, 1980).

The second attitude that helpers need to communicate to clients is a deep and genuine caring for him or her as a person, an unconditional positive regard and acceptance for the client as they are in that moment. This caring is unconditional in that it is not contaminated by evaluation or judgment regarding the client; the helper values the client without placing stipulations on that acceptance (Rogers, 1957). If this unconditional positive regard stems from the helper's need to be liked or accepted by the client, it is likely to become possessive and inhibit change (Corey, 1996). Thus, a client is more likely to develop an accepting attitude towards themselves and others if they experience such an attitude from a helper. Another implication is that helpers who have little respect or an active dislike for their clients can expect that their work will be greatly hindered.

The third facilitative aspect of the relationship is accurate empathic understanding. This means that the helper accurately senses the personal meanings and feelings that the client is experiencing and communicates this understanding to the them (Rogers, 1957). The helper strives to gain a sense of the client's subjective experience without becoming lost in those experiences; they understand as if those experiences were their own (Corey, 1996). Empathic understanding is a kind of sensitive, active listening that encourages the client to listen more accurately to the inner flow of their own experiences (Rogers, 1980). This process, in turn,

influences the client to experience their life with greater congruence and acceptance of themselves. These three elements of a therapeutic relationship worked in a circular relation to each other, as described here by Rogers (1980):

> As persons are accepted and prized, they tend to develop a more caring attitude toward themselves. As persons are empathically heard, it becomes possible for them to listen more accurately to the flow of inner experiencing. But as a person understands and prizes the self, the self becomes more congruent with the experiencing. The person thus becomes more real, more genuine. These tendencies, the reciprocal of the therapist's attitudes, enable the person to be a more effective growth-enhancer for himself or herself. There is a greater freedom to be the true, whole person (pp. 116-117).

Research on these conditions for change has been conducted since the 1950's (Rogers, 1980). In a recent review of three decades of research on Rogers three variables for the therapeutic relationship, Keijsers et al. (2000a) concluded that there was sufficient empirical support to state with confidence that these conditions for change had at least a moderate effect on client outcome. Specifically, they appear to work as hypothesized by Rogers, in that the greater each was present for the helper in the therapeutic relationship, the more likely a significant positive outcome was to occur.

Client and helper contributions

As indicated by Rogers (1957; 1980), the onus of developing the therapeutic relationship rests on the shoulders of the helper. It is the role of the helper to, in one sense, model congruence, empathy and positive regard as a way of initiating and maintaining the relationship. It is then anticipated that the client will respond to this special kind of relationship by experiencing and then actualizing these three elements in their own lives

(Rogers, 1980). This would also impact the depth and strength of the therapeutic alliance. So when considering the bond in the therapeutic alliance, the obligation to create and enable this relationship seems to begin with the helper (Rogers, 1980; Janzen, et al., 1994). However, the client also plays a role in determining the strength of the bond to the degree that they participate in tasks and goals, and interact with and trust the helper (Keijsers, Schaap, & Hoohduin, 2000b).

The obligations of the helper and client seem to be more equal when considering tasks and goals. The nature of the alliance is more reciprocal here in that both client and helper play equal roles during both the early and later stages of therapy (Keijsers, et al, 2000a). Ogrodniczuk et al. (2000) and Keijsers, et al. (2000b) do indicate the helper should play a stronger role in determining the appropriate therapeutic treatments. They base this determination on the idea that the helper represents the trained expert whose knowledge in the areas of treatment of specific issues provides them the greater ability to determine appropriate remedies.

Research on therapeutic alliance

The concept of therapeutic alliance has in recent years become a focus of interest for researchers across various helping disciplines (Florsheim & Shotorbani, 2000; Keijsers, et al., 2000a; Langer, 1999; Meara & Patton, 1994; Ogrodniczuk, et al., 2000; Poulin & Young, 1997; Sharpley, Fairnie, Tabary-Collins, Bates, & Lee, 2000; Stiles, et al., 1998). In part, this may be because of the common factors theory, which suggests that there are common therapeutic elements that exist across the various helping models (Daya, 2001). The strength of the therapeutic alliance had been empirically demonstrated to be a good predictor of the outcome of therapy, even across many different types of therapeutic modalities (Keijsers, et al., 2000a; Stiles, et al., 1998). In general, the

relationship between therapeutic alliance and outcome has been has been demonstrated to be significant albeit moderate in effect (Horvath & Symonds, 1991). Nonetheless, most researchers agree that without a strong therapeutic alliance between the helper and client, the success of any type of therapy is significantly impaired.

Culture-centered psychology

Beginning in the 1970's and gaining tremendous recognition in the last ten years, the social constructs of culture and multiculturalism have increasingly played important roles in the research, practice and development of theory in the social sciences, and psychology in specific (Pedersen, 1999a). The inclusion of a multicultural perspective in psychology has occurred to the degree that many researchers and practitioners feel that a new paradigm or dimension in psychology, multicultural or culture-centered psychology, is emerging (Arthur & Stewart, 2001; D'Andrea, Daniels, & Heck, 1991; Pedersen, 2001). This "fourth dimension" in psychology is not necessarily intended to replace existing paradigms; instead, it is seen as acting in a complimentary way to enhance the relevance of current helping models by addressing the influence of cultural issues (Pedersen, 1999b).

In addressing the needs of culturally diverse societies like Canada or the United States, proponents of culture-centered counselling provide several arguments for the need to place culture in the middle of the helping context. First, the increasing cultural diversity in Canadian and American cultures means that health professionals are likely to work with clients from many different cultural groups (Arthur & Stewart, 2001; Pedersen, 1999a). Thus, as both clients and helpers come from and exist in a particular culture(s), all helping then takes place from within these differing cultural contexts (Arthur & Stewart, 2001; Sue & Arrendondo,

1992). In addition, traditional western methods of counselling and psychotherapy fail to adequately consider the importance of cultural factors (such as race, values, ethnicity, and language) in the helping process (Sue, 1996). Next, helpers tend to have little understanding about the history, life experiences and world views of culturally different populations (Sue, 1996). Further, the standards with which to judge pathology are typically based on Euro-Canadian and American norms (Ponterotto & Casa, 1991; Sue, 1993). The characteristics of good counselling, such as the role of the client and helper and the systems of interventions, are frequently too narrowly defined to deal adequately with social, political and cultural factors in the client's life (Herring, 1992; Koo & Abu-Rasain, 1994; Sue, 1996). Finally, the typical education and training of helpers reflects the dominant, Euro-Canadian culture and has been slow to produce culturally aware and skilled mental health professionals (Arthur & Januszkowski, 2001; D'Andrea & Daniels, 1991).

Characteristics of this culture-centered perspective include a broad definition of culture which incorporates all salient features of personal identity, an inclusive nature that goes beyond the psychodynamic, behavioral and humanistic perspectives to include cultural variables, and a belief that the psychological construct of culture is applicable and adaptable to contemporary theories of counselling and other helping interventions (Pedersen, 1999a). This perspective views the construct of culture as being central to all the helping professions, in that all helping originates and takes place from within a cultural context (Arthur & Stewart, 2001; Sue & Arrendondo, 1992).

Definitions

Although some debate still exists as to the precise definitions of multiculturalism and culture as they exist in this emerging paradigm,

currently both terms seem to have broad, postmodern definitions (Pedersen, 1998). The terms multiculturalism and culture-centered have sometimes been used synonymously in the literature to identify a movement in psychology which views the underlying assumptions of psychology to be changing from a monocultural to a multicultural basis (Pedersen, 2001). But in general, multiculturalism refers to the philosophical premises of the movement. Culture has been alternatively given both narrow and broad definitions, though the culture-centered movement generally prefers the inclusiveness afforded by a broad definition. Culture-centered counselling, sometimes termed multicultural counselling, can be seen as the application of the multicultural principals within psychology and other helping disciplines.

Multiculturalism

According to Gonzalez, Highlen, and Sue et al. (as cited in Pedersen, 1998) multiculturalism is defined as having at least four philosophical assumptions consistent with postmodernism. First, multiculturalism accepts the existence of multiple world views, none of which are either right or wrong, good or bad. Next, multiculturalism embodies social constructionism, meaning that people construct their world views through social processes that contain cultural symbols and metaphors. Third, multiculturalism is contextualist in that behavior can only be understood within the context of its occurrence. Fourth, all world views or theories of helping are allowed to exist under an umbrella, even if they appear to endorse opposite principles. Thus, it is assumed that diverse views or theories provide different and valid perspectives of the same phenomenon.

In addition to these philosophical underpinnings, multiculturalism can be further characterized with the following working definitions

(Pedersen, 1998; Sue & Arrendondo, 1992):

1. Multiculturalism values cultural pluralism. It rejects the idea of a nation as a cultural melting pot; instead, it views the confluence of cultures as a mosaic.

2. Multiculturalism is about addressing concerns like social justice and equity.

3. Multiculturalism is about helping people acquire the attitudes, knowledge and skills required to function effectively in a pluralistic society and to interact with people from diverse backgrounds.

4. In addition to race, class, gender and ethnicity, multiculturalism also includes diversity in individual characteristics like religion, national origin, sexual orientation, ability and disability, age, and geographic origin. Each contributes to our individual and collective diversity.

5. Multiculturalism involves the willingness to explore both the positive and negative aspects of any cultural groups behavior. It celebrates the realistic contributions and achievements of all cultures.

6. Multiculturalism is not about advocating an orthodoxy or dogma, but rather about challenging us to study multiple cultures, and develop multiple perspectives.

7. Multiculturalism respects and values other perspectives, but is not value neutral. It involves an activist orientations and a commitment to change social conditions that deny equal access and opportunities.

8. Multiculturalism encourages the process of change in at the individual, organizational, and societal levels.

9. Multiculturalism may mean owning up to painful realities about oneself, culture and society. It involves a willingness to address and confront social issues at the personal level.

10. Multiculturalism is about achieving positive individual, community, and societal outcomes because it values inclusion, co-operation,

and movement towards mutually shared goals.

11. A true multicultural perspective balances the extremes of modernism and postmodernism by explaining behavior as both a function of those culturally learned perspectives that are unique to a particular group and to those universal characteristics that are shared across groups.

Culture

Culture-centered psychology currently favors an inclusive, broad definition of culture that includes a wide variety of ethnographic and demographic features. This approach has been termed orthogonal, whereby identification with one culture does not decrease and individuals right to simultaneously identify with other cultures (Pedersen, 2001). Alternative theories of culture (such as the bicultural modal, the transisitonal modal, and the multidimensional model) tend to be exclusionary in nature and do not account for individuals who may identify with several cultures (Sue, Ivey, & Pedersen, 1996).

Cross, Bazron, Dennis and Isaacs (as cited in Sue et al., 1998) define culture as "an integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious or social group" (p. 7). Such patterns may be implicit or explicit and are transmitted via socialization. Because culture is not necessarily synonymous with race or ethnic group, every group or society that shares and transmits behaviors to its members possesses a culture, and an individual may belong to more than one cultural group (Pedersen, 2001).

From this broadly defined perspective, cultures can co-exist without exclusionary isolation or competition. Both the universal and particular perspectives are valid at the same time, recognizing and accepting the importance of both within and inter-group value differences (Carter, 1991).

Consistent with multiculturalism, cultural descriptors can include race, class, gender, ethnicity, religion, values, national origin, sexual orientation, ability and disability, age, and geographic origin (Pedersen, 1998).

Culture-centered counselling

While the working definitions of culture and multiculturalism express philosophical principals and values, the term culture-centered counselling represents the application of those principles into the practice of the helping professions. In that the multicultural paradigm views all behavior to exist within and between cultural contexts, it is therefore natural to extend this to the helping situation. Culture-centered counselling can be defined first in terms of the multicultural competencies that helpers require to become effective with culturally different clients, and second with specific therapeutic models that illustrate the application of these competencies. More specifically, the latter aspect of culture-centered counselling will be later examined from the perspective of working with Aboriginal clients.

Dimensions of helper competencies

The conceptual framework of multicultural competencies in counselling has typically followed the model first presented by Sue et al. (1992) as a position paper for the Division of Counseling Psychology. It has since been revised and expanded upon, and the following summary has been derived from more recent publications in the field (Khoo & Abu-Rasain, 1994; Pedersen, 1998; Sue & Arredondo, 1992; Sue, Ivey, & Pedersen, 1996). Consistent with the theme of this study, the author has chosen to replace the term 'counsellor' with the more inclusive word 'helper'.

These multicultural counselling competencies are arranged along three dimensions. Each dimension is then manifested in goal statements about the beliefs and attitudes, knowledge, and skills helpers require to work with culturally different clients. The first dimension is the helper's awareness of their own assumptions, biases and values. The second is the helper's understanding of the world view of the culturally different client. Lastly, the helper must be competent in their ability to develop appropriate intervention strategies and techniques. In summarizing these three dimensions, Sue and Sue (as cited in Sue & Arredondo) stated:

> These three goals stress the fact that becoming culturally skilled is an active process. It is ongoing, and never reaches an end point. Implicit is the recognition of the complexity and diversity of the client and client populations, and acknowledgement of our own personal limitations and the need to always improve. (p. 146)

Counsellor awareness

Helper's who are skilled in multicultural work are actively in the process of becoming aware of their own assumptions about human behavior, values, personal limitations, and preconceived notions. They understand that they are products of their own culture and have their own world view, and that these will effect their therapeutic work with culturally different clients. This self-awareness is expressed in their beliefs and attitudes, knowledge, and skills.

Beliefs and attitudes

1. Culturally skilled helpers have moved from being culturally unaware to being attentive and sensitive to their own cultural heritage and to valuing and respecting differences.

2. Culturally skilled helpers are aware of how their own cultural

background and experiences, attitudes, values, and biases influence psychological processes.

3. Culturally skilled helpers are able to recognize the limits of their competencies and expertise.

4. Culturally skilled helpers are comfortable with differences that exist between themselves and clients in race, ethnicity, culture and beliefs.

Knowledge

1. Culturally skilled helpers have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions and biases of normality-abnormality and the process of helping.

2. Culturally skilled helpers have knowledge and understanding about how oppression, racism and discrimination affect them personally and in their work. this allows them to recognize their own racist attitudes, beliefs, and feelings. Although this standard applies for all groups, for White helpers it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism.

3. Culturally skilled helpers possess knowledge about their social impact on others. For example, they are knowledgeable about communication style differences and how this may clash or facilitate the helping process.

Skills

1. Culturally skilled helpers seek out educational, consultive, and training experiences to enrich their understanding and effectiveness in working with culturally different. when confronted by the limits of their competencies, they seek consultation, seek further training or education, or refer to more competent individuals.

2. Culturally skilled helpers are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a nonracist identity.

Understanding the client's world view

Culturally competent helpers attempt to understand the world view of their culturally different clients without negative judgments. They understand and share with respect and appreciation these world views. Helper's do not need to hold the world view of their clients, but should accept them as a legitimate perspective.

Beliefs and attitudes

1. Culturally skilled helpers are aware of preconceived stereotypes that they may hold toward other racial and ethnic minorities.

2. Culturally skilled helpers are aware of their emotional reaction to other racial and ethnic groups; these reaction may prove detrimental to their clients. they are willing to contrast their own beliefs with those of their clients in a non-judgemental fashion.

Knowledge

1. Culturally skilled helpers posses specific knowledge about the cultural group they are working with. This may include information on life experiences, heritage, and historical background of their clients.

2. Culturally skilled helpers understand how culture (such as race, language, and ethnicity) may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness of interventions.

3. Culturally skilled helpers have knowledge about sociopolitical influences that affect their culturally different clients, such as poverty,

immigration issues, and racism.

Skills

1. Culturally skilled helpers are familiar with relevant research regarding mental health and mental disorders of various cultural groups. They actively seek out education experiences that enrich their knowledge and understanding of cross-cultural issues.

2. Culturally skilled helpers become actively involved with minority individuals outside the helping setting so that their perspective of minorities is balanced.

Developing appropriate interventions

Culturally skilled helpers engage in the process of developing and practicing appropriate, relevant, and sensitive interventions strategies and skills in working with their clients. The effectiveness of the helping relationship is improved when the modalities and goals are made consistent with the life experiences and cultural values of the client. For the culturally skilled helper this may include: going beyond the traditional Euro-Canadian definitions of counselling and therapy, expanding the boundaries of professional practice and the repertoire of interpersonal helping skills, expanding and using alternate helping roles, and learning from indigenous models of healing.

Attitudes and beliefs

1. Culturally skilled helpers respect their clients' religious and spiritual beliefs about physical and mental health and functioning.

2. Culturally skilled helpers respect indigenous helping practices and the intrinsic community help-giving networks.

3. Culturally skilled helpers value bilingualism and do not view

differences in language as an impediment to counselling.

Knowledge

1. Culturally skilled helpers have a knowledge and understanding of the generic characteristics of the counselling and therapy and how they may clash with the cultural values of other groups.

2. Culturally skilled helpers are aware of institutional barriers that prevent minorities from using mental health services.

3. Culturally skilled helpers have knowledge of the potential bias in assessment instruments, and use procedures and interpret findings with this in mind.

4. Culturally skilled helpers have knowledge of minority family structures, hierarchies, values and beliefs. The are knowledgeable about the resources and characteristic of the community as well as the family and individual.

5. Culturally skilled helpers should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological health of the population being served.

6. Culturally skilled helpers have knowledge of models of minority and majority identity, and understands how these relate to the helping process and relationship.

Skills

1. Culturally skilled helpers are able to engage in a variety of nonverbal and verbal responses. they are not bound by one method or approach to helping but recognize that helping styles and approaches may be culturally bound.

2. Culturally skilled helpers are able to exercise institutional intervention on behalf of their clients, and are able to assist clients in

determining whether a problems stems from racism or bias in other.

3. Culturally skilled helpers are not adverse to seeking consultation with traditional healers and spiritual leaders and practitioners in the treatment of culturally different clients.

4. Culturally skilled helpers take responsibility for interacting in the language requested by the client. This may mean seeking the aid of a translator with appropriate knowledge and skills or referring to a knowledgeable and competent bilingual counsellor.

5. Culturally skilled helpers have training in the use of traditional assessment and testing instruments, and have an awareness of the limitations and biases of such instruments.

6. Culturally skilled helpers should work to eliminate biases, prejudices, and discriminatory practices. They should be aware of the sociopolitical contexts in conducting evaluations and interventions, and should develop sensitivity to issues of oppression, sexism, and racism.

7. Culturally skilled helpers alter their relationship building strategies, intervention plans, and referral considerations to match the identity development of the client, while taking into account their own level of racial identity development.

8. Culturally skilled helpers are able to engage in roles other than those found in traditional helping models (counselling or therapy) to include roles that may be more culturally relevant to their client, such as consultant, advisor, teacher, facilitator of indigenous healing and support systems, or liaison.

Ethical considerations

The helping professions have been slow to develop guidelines that specifically address culturally sensitive counselling and psychological services (Pettifor, 2001). While both the American Psychological

Association (APA) and the Canadian Psychological Association (CPA) have codes of conduct which represent the ethical principles, values and standards which guide their members (CPA, 1991; APA, 1991), many in the multicultural movement have criticized these agencies for not addressing and including specific guidelines for multicultural counselling in their codes of ethics (Sue, & Arredondo, 1992).

As Pettifor (2001) indicates, professional codes of ethics are relevant for multicultural counselling in as much as respect for the dignity of persons must include respect for diversity and an increase in knowledge about culturally different individuals, groups and communities. The above outline of competencies in working with culturally different clients can serve to further elucidate the current ethical standards when working with culturally diverse populations which guide the field of psychology.

Models of culture-specific counselling

While the emerging paradigm of multicultural or culture-centered counselling has done much to address the common competencies required by helpers, researchers (Sue, 1996; Ponterotto, & Casas, 1991) suggest that little has been done to conceptualize the process of multicultural counselling. Further, it has been suggested that although awareness and knowledge are important components of multicultural counselling, they alone do not facilitate the development of the skills required to provide culturally responsive interventions and assistance (Daya, 2001). A review of the current literature suggests this to be true, revealing that more has been written and researched about methods of cultural diversity or sensitivity training for helpers than has been written providing specific techniques or actions with which to use when working with culturally different groups (D'Andrea, et al., 1991; also see Sue, 1991).

There appears to be several reasons for this. First, as the

multicultural field is still relatively new, more emphasis has been placed on developing a philosophical framework, providing definitions for important terms (ie. culture), and creating an aspirational set of competencies for helpers. Second, the paradigm still struggles with edic versus emic issues regarding the study and application of multicultural issues (Daya, 2001; Pedersen, 2001). Should research and theory building focus on specific cultural populations (emic) or general multicultural factors and techniques (edic)?

Currently, most of the research and writings have favoured an edic approach (Pedersen, 1998; Sue, et al., 1996), examining general factors that allow helpers to competently engage clients from many cultural backgrounds. In a recent study, Arthur and Januszkowski (2001) found that while counsellors were able to recognize value conflicts with culturally different clients they reported difficulties resolving those differences. This may reflect the current state of the discipline, in that once cultural awareness is developed helpers have little to guide them as to how to develop and implement specific multicultural skills and interventions (Arthur & Januszkowski, 2001).

Uchenna and Ivey (1991) propose that culture-specific counselling models be used as a supplement to more edic approaches. In contrast with the conventional proposal of adapting existing counselling theory to fit other cultures, the culture-specific approach starts with the culture and its people to identify natural helping styles in order to generate new theories relevant to that culture. Carter (1991) indicates that while the differences between specific cultural groups may appear obvious, there is also great within-group variability regarding individual values and beliefs within a culture. This also supports a more emic approach to multicultural research.

Both Garret (1999) and Herring (1992) indicate that current helping models do not address or reflect the values and specific social concerns of

the Aboriginal culture. A more culture-specific model that acknowledges and integrates Aboriginal values may be required in order for non-Aboriginal helpers to effectively work with that population (Bruce, 1999; Herring, 1990). A review of the literature in this regard reveals that while no one particular helping method is established, there are several themes which emerge with regard to working with Aboriginal peoples. These themes can be organized so that a tentative protocol for working with Aboriginal people emerges (Bruce, 1999).

A model for helping Aboriginal clients

Currently, no one methodological approach is recommended when working with Aboriginal clients (Thompson, 1991). Many authors indicate that interventions based on dominant society values and assumptions have not been effective in addressing the needs of Aboriginal peoples (Assembly of First Nations, 1993; France & McCormick, 1997; Poonwassie & Charter, 2001; Thompson, 1991). Some authors indicate that the kind of relationship that develops between the non-Aboriginal helper and the Aboriginal client may be a crucial factor in working effectively with Aboriginal people (Bruce & Morrissette, 2001; Janzen, Skakum & Lightning, 1994). Creating an effective relationship requires an understanding of what is required to build this relationship. As represented in the literature, the recommendations for working with Aboriginal people has been delineated into three themes. First, the importance of knowledge regarding Aboriginal culture and history is given. Next, specific helper characteristics or qualities which are beneficial when working with Aboriginal people are summarized. Finally, some specific actions and interventions non-Aboriginal helpers can use are given.

Knowledge of Aboriginal world view

Helpers should have a good understanding of the world view of the Aboriginal client they are working with (Bruce, 1999). Knowledge of this world view includes understanding the common cultural values, beliefs, and history of Aboriginal peoples (France, 1997; Garret & Garret, 1994; Herring, 1992). Helpers should also identify the specific values and beliefs of the individual client they are working with, as these with may differ from those generalized to exist within the Aboriginal culture (Bruce, 1999). Conversely, helpers need to have a clear understanding of their own values and beliefs before they start to work with Aboriginal clients (France & Presaud, 1991; McCormick, 1995; Sue, et al., 1998). Helpers who have a clear understanding of both their own world view and that of their client are more likely to develop an effective and positive relationship (Garret & Myers, 1996; Janzen, et al. 1994; Herring, 1996). The following represents specific features of the Aboriginal cultural world view regarded in the literature as important for non-Aboriginal helpers to know.

Diversity

There is a tremendous amount of diversity within Aboriginal peoples (Garret, 1999). Each Aboriginal group has different economic, social, linguistic and political forces that shape and guide their culture (Bruce, 1999). Aboriginal people also vary in their commitment to customs, values, traditions, and family structure (Herring, 1990; Smith & Morrissette, 2001). Thus, clients should be viewed as cultural interpreters and helpers are discouraged from making assumptions about the degree of cultural commitment of clients (Smith & Morrissette, 2001). Helpers need to sensitively investigate the world view of their client in order to respect the diversity of Aboriginal peoples and avoid acting from cultural stereotypes which may not apply to their client (Herring, 1992).

Cultural commitment and acculturation

Aboriginal people vary in the degree to which they believe and use traditional cultural values and practices and the degree with which they experience acculturation towards the more mainstream culture (Garret & Garret, 1994; Herring, 1990). Thus, non-Aboriginal helpers should sensitively examine the degree of cultural commitment and acculturation in each of their clients; whether they come from an urban, rural or a reservation context; and the structure of the tribe or band according to customs and beliefs. Both have been found to be a significant within-group differences in determining ways in which clients perceive counselling (Garret & Garret, 1994).

Values

Aboriginal values provide a context for the helper to understand the beliefs and behaviours of their clients (Bruce, 1999). The values most frequently associated with Aboriginal people are harmony with nature, a time orientation toward living in the present, a preference for explanation of natural phenomena according to the supernatural, a deep respect for elders, co-operation and sharing, living for the present moment versus the future or past, interconnectedness, and harmony with nature (Bruce, 1999; Garret, 1999; Garret & Garret, 1994; Garret & Osborne, 1995; Herring, 1990). These differ from mainstream values, which include competition, mastery over nature, individualism, orientation towards the future, and preferences for a scientific explanation of natural phenomena (Garret, 1999; Herring, 1996; Herring, 1990).

According to Poonwassie and Charter (2001), the fundamental difference between these two sets of cultural values is evidenced in the way each relates to the earth and the creator. Aboriginal people view themselves

in equal relations to the earth and all life on it, while the dominant culture regards the natural world as something to be mastered.

Interconnectedness

Interconnectedness, described as a series of relationships which extends from the family and reaches to the community and the universe, is often symbolized in Aboriginal culture by the Medicine Wheel (Garret & Garret, 1994; McCormick 1995). The Medicine Wheel (the Wheel of Life, the Circle of Life) is the symbolic representation of Aboriginal philosophies about life from which many cultural meanings emerge, including beliefs about healing. It represents unity, interdependence and harmony among all beings, the cyclical nature of life, and balance (Poonwassie and Charter, 2001). From this, healing is seen to be a restoration of balance and harmony in ones body, intellect, emotions, and spirit (Garret, 1999; Poonwassie and Charter, 2001). It also represents the relationship of the individual with their surroundings (family, community, and the earth), and as such indicates that helping may include treating the client within these contexts (France, 1997).

Traditional healing approaches

Non-Aboriginal helpers should have an awareness of the meaning and value of traditional healing approaches (Bruce, 1999). This will allow the helper to take on other roles which may be more culturally appropriate (Garret & Myers, 1996; Sue, 1999). Traditional healing approaches may include the sweat lodge, story telling, fasting, teaching and sharing circles, and participation in ceremonies like the sundance or potlatches (Garret & Osborne, 1995; Poonwassie and Charter, 2001). The belief in the interconnectedness of life and the symbol of the Medicine Wheel are central to these practices.

Communication styles

The communication styles among Aboriginal people are diverse and unique to the particular Aboriginal group (Garret & Garret, 1994). Helpers need to acknowledge these differences before considering the commonalities. Aboriginal people tend to use a non-verbal style of communication (Herring, 1992). This style emphasizes learning through practice, listening, and observation, avoidance of direct eye contact, avoidance of verbal disagreement and confrontation, thoughtful use of words, avoidance of verbosity, and silence and reflection (Garret & Garret, 1994; Herring, 1992; McCormick, 1995).

In response to this style, helpers should initially do more listening than talking (Janzen, et al., 1994). They should consider that many Aboriginal words have complex meanings which are different from their non-Aboriginal equivalents (Herring, 1992). They should allow for and respect silence (Bruce, 1999; Herring, 1999). Helpers should match their clients pace of speech, intonation, and degree of eye contact, and should adjust these to demonstrate respect for elders and community leaders (Garret & Garret, 1994). Helpers may also want to consider other methods and interventions which take advantage of this style, such as art or play therapy, singing and dancing, traditional ceremonies like the sweat lodge, or story telling (Garret & Myers, 1996; Garret & Osborne, 1995; Herring, 1996).

Helpers may find it beneficial to learn some of the Aboriginal language of the client they are working with. This does not mean that helpers need to become fluent in that language, but that they should make an attempt to learn some common greetings, phrases and words in order to facilitate communication and demonstrate interest and respect for the culture (Bruce, 1999; Herring, 1992).

The role of Elders

Elders play an integral role in Aboriginal communities (Herring, 1992). By acting as teachers, spiritual advisors, parents and community leaders elders serve to continue Aboriginal history, values, traditions, and spiritual practices (Garret & Garret, 1994). Acknowledging and respecting the roles elder have in Aboriginal communities may be one way in which non-Aboriginal helpers can demonstrate respect for Aboriginal people and culture (Bruce, 1999).

The value of family

Aboriginal people have a multi-generational view of family that is not only biological but spiritual. On a conceptual level family connects all individuals to each other and to nature (Garret & Garret, 1994). For example, this may mean that grandparents, uncles, aunts, and community members are all seen as responsible for raising a child (Bruce, 1999). Family is one of the most important sources of connection and intrinsic worth for an Aboriginal person (Garret & Garret, 1994). As such, Aboriginal people place a high value on relationship with family, friends, community and nature (Bruce, 1999).

The role of spirituality

Non-Aboriginal helpers should respect and recognize the role that spirituality plays for the Aboriginal client they are working with (Edith & Ellison, 1996). Although specific spiritual practices and beliefs may be different between individual tribes, bands or communities, Aboriginal people generally see all things in the universe as having a type of spiritual energy and importance (Garret & Garret, 1994). Many Aboriginal healing practices, ceremonies and social customs emphasize the role of spirituality

in healing (France, 1997; McCormick, 1995).

Spiritual practices and beliefs may be an integral part of every aspect of daily life, which is necessary for the harmony and balance required for health (Herring, 1999). The concepts of health and healing are not only physical or psychological but spiritual as well. Non-Aboriginal helpers need to include an understanding of and respect for spiritual practices in their methods when working with Aboriginal clients (McCormick, 1995).

Current issues and history

There are several important issues which emerge from the history of contact between European and Aboriginal cultures. There is a history of attempts to systematically assimilate, segregate, and then integrate Aboriginal people into the mainstream culture in Canada (Assembly of First Nations, 1994). As a consequence of this contact and conflict with the previous as well as the current society, there are a number of global issues which continue to affect Aboriginal people (Herring, 1992). The experiences regarding these issues will vary amongst Aboriginal groups and individuals, and helpers need to find ways to elicit this information before strong relationships can develop.

According to Bruce (1999), the issue most frequently acknowledged issue is the effects of residential schooling on Aboriginal people and culture. Across Canada from the mid-1800's until the 1970's, Aboriginal children attended residential schools where they were separated from their families and culture for extended periods of time, sometimes years (Bull, 1991). The negative effects that residential school had on Aboriginal people and culture is tremendous, and is still being felt today. These issues may include physical, emotional and sexual abuse, addiction, loss of traditional culture and language, and loss of traditional parenting skills (Assembly of First Nations, 1994).

Aboriginal people continue to have a higher rate for certain types of physical and psychological illnesses when compared with the rest of the Canadian population (Health Canada, 1999). For example, Aboriginal people are anywhere from 2 to 7 times more likely to commit suicide (Health Canada, 1999). Drug and alcohol abuse has also been identified as a concern for Aboriginal people (Bruce, 1999). The impact of these concerns affect not only certain individuals but also families and communities. Many of these issues may be linked to socioeconomic factors as well as the historical context of the treatment of Aboriginal people in Canada. Helpers need to be aware that these concerns affect many Aboriginal clients and their communities.

Helper characteristics

Overall, a marginal amount of research has been done regarding the specific kinds of personal characteristics helper's may find beneficial to developing a positive relationship with Aboriginal clients (Bruce, 1999). Despite this, existing research does agree on several important personal qualities in non-Aboriginal helpers that allow them to work effectively with Aboriginal clients. Many of these characteristics appear to relate to specific aspects of Aboriginal culture, and as such may represent personal traits which assist the helper in being responsive to these cultural elements.

Trust and safety

Trust between the non-Aboriginal helper and the Aboriginal client is an important ingredient in making the helping relationship feel safe for the client (Bruce, 1999; Janzen, et al., 1994). When establishing relationships with non-Aboriginal clients, the development of trust and safety may be particularly challenging for non-Aboriginal helpers (Smith & Morrissette, 2001). Some authors (Assembly of First Nations, 1993; Bruce, 1999;

McKenzie & Morrissette, 1993) indicate that the residual effects of concerns such as residential schooling, land issues, and the impact of colonization, pose a particular challenge vis-a-vis trust and safety for non-Aboriginal helpers who work with Aboriginal clients. Also, the non-Aboriginal helper should demonstrate trust in the benefits of traditional Aboriginal values and healing practices (Bruce, 1999)

Listening

According to Janzen et al. (1994), it is important for the non-Aboriginal helper to do more listening than talking at the developmental stage of the relationship. Bruce (1999) found that listening to the Aboriginal client's story without judgment was an important facet in building a good relationship. Listening allows the helper to understand the individual client within the context of their culture, and demonstrates respect and patience. Listening also facilitates the development of trust in the relationship (Bruce, 1999).

Patience

Non-Aboriginal helpers need to be patient and recognize that a good relationship with Aboriginal clients may take months or even years to develop (Janzen, et al., 1994). Bruce (1999) found that 85 percent of non-Aboriginal helpers in her study said that patience was a beneficial personal quality in building a good relationship with their Aboriginal clients; all of the Aboriginal clients in her study indicated patience was important. Garret (1999) suggests that allowing for quiet moments to occur between the client and the helper is one way of demonstrating patience.

Genuineness

The relationship between the non-Aboriginal helper and the

Aboriginal client is enhanced when the client can experience the helper as being genuine (Bruce, 1999). This may include having and demonstrating a real interest and caring respect for Aboriginal people and their culture (Garret & Garret, 1994), developing an appropriate personal relationship with the client (Janzen, et al., 1994), being honest about ones motives for helping (Bruce, 1999), and respecting the value of truth and honesty in Aboriginal culture (Garret, 1999).

Use of humor

The appropriate use of humor is often cited as being an important quality for non-Aboriginal helpers (Bruce, 1999; Garret & Garret, 1994; Herring, 1994; 1996). The specific use of humor varies within particular Aboriginal groups (Herring, 1994) According to Garret and Garret (1994), humor serves to create an atmosphere of sharing and connectedness, and in groups serves the purpose of facilitating humility and equality. Humor plays an important role in daily life and in ceremonial activities, and presents itself as archetypal images within Aboriginal myths, legends and stories (Herring, 1994). It may also allow the helper to relate on a more personal level with their client (Bruce, 1999).

Self-knowledge

Helpers need to have a clear understanding of their own values and beliefs before they start to work with Aboriginal clients (France & Presaud, 1991; McCormick, 1995). Helpers who have a clear understanding of both their own world view and that of their client are more likely to develop an effective and positive relationship (Garret & Myers, 1996; Herring, 1996; Janzen, et al., 1994). This allows helpers to identify and honor both the differences and common areas of understanding between themselves and their clients (Smith & Morrissette, 2001). As indicated by Sue et al.

(1998), this knowledge is a central part of developing multicultural counselling competencies.

Actions and interventions

Recommendations on specific actions or interventions that non-Aboriginal counsellors can use with Aboriginal clients appear to be derived from specific Aboriginal cultural values or identified personal helper characteristics. There is very little empirical research to suggest that these specific actions or interventions are effective. Instead, most authors indicate that these interventions are suggestions which may work with some Aboriginal clients.

Include traditional healing practices

Many authors suggest that including and/or supporting traditional healing practices as helping interventions is one way for non-Aboriginal helpers to effectively address and respect the cultural values of their Aboriginal clients (Bruce, 1999; France, 1997; Garret & Myers, 1996; Herring, 1992; Poonwassie & Charter, 2001; Restoule, 1997; Williams & Ellison, 1996). The specific cultural practice may vary between Aboriginal groups, but could include using the sweat lodge, sweet grass, story telling, fasting, and consulting elders (Garret & Osborne, 1995; Poonwassie & Charter, 2001; Restoule, 1997). France (1997) cautions non-Aboriginal helpers who consider employing indigenous healing practices, as removing that practice from its point of origin brings damage to it. An appropriate role for non-Aboriginal helpers would be to support the use of indigenous healing methods alongside more mainstream strategies (France & McCormick, 1997). Healing can include both traditional Aboriginal and mainstream methods (Assembly of First Nations, 1993).

Consider the community

Many authors have expressed the need to consider and involve the client's community when providing services (Ellison & Florence, 1996; France, 1997; Kavanagh, Absalom, Beil, & Schliessmann, 1999; Restoule, 1997). The definition of that community may vary for each client, from the immediate family to an entire village, and the helper should assess the degree to which their client is assimilated in that community (Restoule, 1997). The process of involving the community may include consulting with elders, chiefs, or band leaders, using group therapeutic models such as family counselling or indigenous practices like sweat lodges, and considering the impact of social and economic factors which effect their community (Bruce, 1999; Herring, 1992; Restoule, 1997; Williams & Ellison, 1996).

Become involved and active

Helpers should not rely on the standard ways in which they practice their profession, but actively involve themselves in learning about their client's culture and community (Bruce, 1999). This could include attending community and cultural events, and visiting with band leaders and elders (Bruce, 1999; Herring, 1992). In addition, they may want to change they way the do some aspects of helping, such as meeting the client outside their office and valuing and incorporating whatever indigenous practices the client wishes to include (Bruce, 1999; Restoule, 1997; Williams & Ellison, 1996). Helpers should be sensitive in the way in which they engage their client's culture and community; they may want to wait until they are invited to participate (Bruce, 1999).

Chapter Three

Methodology

The concerns raised by the emerging multicultural paradigm suggests that not all psychological constructs are necessarily applicable across all cultures. Herring (1992) indicates that the current helping systems do not include the necessary skills for effective results with Aboriginal clients. Smith and Morrissette (2001) and LaFromboise et al. (1990) convey the need for further research regarding the compatibility of mainstream counselling approaches for Aboriginal clients. The literature regarding non-Aboriginal helpers who work with Aboriginal clients indicates that relationship variables are important (Bruce, 1999). The therapeutic alliance/relationship has been identified as a good candidate for multicultural research because of its application across many helping disciplines and potential usage across cultures, including the Aboriginal culture (Daya, 2001).

The majority of the recent research on the therapeutic alliance has been quantitative in nature (Horvath & Greenberg, 1989; Horvath & Symonds, 1991; Keijsers et al., 2000a). The intent of some of these studies has been to develop and validate measures of working alliance, to predict counselling outcomes based on the perceptions of the strength of the working alliance, and to identify which of the components of the therapeutic alliance best predicts outcome. Generally speaking, this body of research has attempted to seek explanation and predict outcomes related to therapeutic alliance. A more descriptive approach is required to gain an understanding of the therapeutic relationship between the non-Aboriginal helper and the Aboriginal client.

Multicultural researchers have advocated the use of qualitative

research as one way of providing culturally sensitive and relevant knowledge. This has included portfolio assessment of competencies (Coleman, 1997), investigating the experiences of white male counsellors with Aboriginal clients (Smith and Morrissette, 2001), and examining the effects of residential schools on Aboriginal people (Assembly of First Nations, 1993). This method honors the diversity of experience encountered in each participant, allows for more exploratory research questions, and emphasizes the description of phenomena and experiences.

Approach used in this study

Understanding how non-Aboriginal helpers approached the creation of a therapeutic relationship with Aboriginal clients required a research method that supported the more descriptive, exploratory nature of the study. The research questions required a method that focused on the helper's experiences and understandings of the therapeutic alliance. Therefore, a qualitative research design was chosen as the most appropriate method of investigation. According to Strauss and Corbin, (1990) "Qualitative methods can be used to uncover and understand what lies behind any phenomenon about which little is yet known. It can be used to gain novel and fresh slants on things about which quite a bit is already known" (p.19). In addition, qualitative methods can elaborate on details of phenomena that are difficult to convey with quantitative research. The author was guided by the data gathering and analysis procedures of grounded theory (Strauss & Corbin, 1990) in answering the research questions.

Strauss and Corbin (1990) maintain that grounded theory data analysis methods can be used to examine and conceptualize qualitative data without following all the procedures of developing a theory. The objective need not be to create a theory in order to use the data analysis methods of

grounded theory. In this study, the processes of open and axial coding were employed to provide a framework for the analysis of the data. Additionally, the methods and recommendations for enhancing theoretical sensitivity were also considered.

Interviews with the participants served as the context from which the data was obtained. The interviews were first audio and/or video recorded and then transcribed as text, which was then analyzed in both a descriptive and interpretive manner.

Selection and description of participants

Due of the nature of the topic being investigated and the qualitative methods used to analyze the data, purposive sampling was used to select participants. Otherwise know as criterion based selection, purposive sampling entails selecting participants who are best able to provide information about the topic of investigation, and who are articulate and willing to share their experiences with the interviewer (Strauss & Corbin, 1990).

The general criteria for inclusion in the study included: (1) first hand experience working in a therapeutic environment with First Nation's clients; (2) an interest in discussing and exploring the meaning of the therapeutic relationship; (3) an ability to clearly articulate their experiences via an individual interview and possible follow-up; (4) and consenting to be audio or video taped for the purposes of using the data in publication of a thesis or other publications and presentations.

More specific criteria for participation in this study included:

- Participants must identify themselves as being from a non-First Nation's background.
- The participants must have a minimum of four years experience working in a therapeutic environment with First Nation's

clients. Participants need not be currently working with First Nation's clients.

- Participants should be members of recognized helping professions, such as psychologists or social workers, or engaged in a similar activity. No preference was given to any one profession.
- The sample of participants should reflect a diversity of experience in working with First Nation's people.
- Participants must have been able to discuss their experiences in an articulate manner, and be fluent in speaking and understanding English.
- Both male and female participants are included.

The individuals who were chosen to participate in this study were obtained either through personal contact between the participant and the investigator, or through second-party referrals. Other potential participants were identified via second-party referrals and invited to participate either through personal contact with the researcher or by a mailed invitation. Interested individuals were then contacted by phone and a brief interview was conducted to determine whether each fit the criteria required for inclusion in this study. The nature and purpose of the investigation, including time requirements, interview procedure and consent considerations, was also described. At this point, some individuals declined to participate.

A written description of the study was given to each of the participants prior to conducting the first interview (Appendix A). The opportunity to ask questions, raise concerns and discuss the study prior to signing the consent form was provided. Participants were informed that their participation was voluntary and that they could withdraw their participation at any time, including after the interview had taken place. In addition, participants were informed that all personal and identifying data,

including their name and the names of others, and revealing background information, would be removed or altered to ensure anonymity. Individuals were then asked to sign a Consent to Participate form (See appendix B), and from then the interviews were conducted.

Four participants were included in this study; two female and two male. Each of the participants were given pseudonyms to insure confidentiality: Leslie, Peter, Douglas, and Jeannette. A brief description of each the participants is included below. At the request of several of the participants, and to further ensure confidentiality, some identifying information has been slightly altered or omitted.

Leslie is a graduate student in counselling psychology at a large university in western Canada. Married, she is the mother of two young children. She was born and raised in a medium sized urban center in eastern Canada. Throughout her childhood and young adult life her family lived with some degree of poverty and hardship, an experience she felt gave her a better understanding of some of the issues impacting Aboriginal people. During her undergraduate education in social work one particular relationship with a culturally different professor had a significant impact on how she began to think about and approach her education and subsequent career. Leslie and her family moved to the North West Territories, where she worked for about six years as a social worker. She worked almost exclusively with Aboriginal individuals, families, and communities. During this time, she helped to organize and operate a group home for troubled youth. She moved from the North West Territories to pursue a graduate degree.

Peter is a chartered psychologist and a private practitioner in a large city in western Canada. He is married with one child. He has a doctoral degree in counselling psychology, and has been practicing for about eight years. The majority of his work takes place on several local reserves,

where he does both counselling and educational testing for schools. Consequently, he works primarily with Aboriginal children, adolescents, and their families. Peter feels that working on reserves gives him many advantages versus working from one office in the city, a perspective he developed chiefly from his experience.

Douglas was born and raised in a small community in eastern Canada, where he grew up in close contact with Aboriginal people. Douglas contrasts his early views about Aboriginal people and culture - that all Aboriginal people and cultures were essentially the same, although different from the "white" culture - with his experiences as a teacher in a northern community on the west coast of Canada, where he experienced great diversity in Aboriginal cultures, communities, and individuals. It was through his role as a teacher that he first began to work in a helping capacity, listening and talking with students who refused to see the school counsellor about their personal problems. It was in part due to these experiences that he decided to return to school to study counselling. During his graduate practicum he continued to work with Aboriginal clients, in one case at a prison for Aboriginal women. Douglas is nearing the completion of his doctoral degree.

Although she lives in a large city in western Canada, Jeannette traces her family history back many generations to French speaking Canada. Her interest in her family background has led to her to travel to Europe, in part to investigate and visit places where her family has historical connections. She feels this has given her a broadened sense of the importance of culture in influencing and informing one's life. Jeannette has a master's degree in clinical psychology, and is working to finish her doctoral degree in counselling. She currently works full time at a minimum security prison and occupies many roles: as an administrator of programming, an individual and group counsellor, and as a liaison between inmates and

external community support networks. The prison she works at has a healing center dedicated to helping Aboriginal clients. It incorporates traditional cultural practices with other 'western' interventions. Although she helps primarily with Aboriginal men, she also incorporates their family, members of their communities, and elders into her work as well.

Interview procedure

Prior to conducting the interview, each participant was orientated to the purpose and nature of the study. Participants were provided with a written description of the study, which also appeared on the consent from (Appendix B). It included issues regarding the voluntary nature of the investigation, the topic of the study, the interview procedure, information regarding confidentiality, and the collection, storage and probable uses of the data. Prior to signing the consent form, participants were given the opportunity to ask questions. The individual's signature on the consent form was taken as informed consent.

The interviews were semi-structured in nature, and a general interview outline was used for each participant (Appendix C). Each interview was conducted by first asking participants to provide background information about their education and other demographics, their history working with First Nations people, and other background information they deemed important as it related to their experiences with First Nation's people. This served as a standard way to start each interview, as well as to introduce the topic and facilitate an open conversation. Participants were then asked to reflect on their experiences with First Nation's clients, and to begin the interview by describing one particular incident or client that stood out in their mind. Participants generally found this an easy way to begin the discussion, and had little difficulty identifying a seminal experience working with First Nation's people. This initial question itself often

generated a great deal of information and conversation. Other interview questions and directions evolved from this dialogue. The investigator also asked specific questions to ensure that certain areas of the background literature were addressed. This included questions on the participants views regarding the therapeutic alliance and multi-cultural counselling competencies.

Interviews ranged in time from fifty minutes to over an hour and a half, with the mean interview time at just over one hour. Each interview was audio and/or video taped, and transcribed by the investigator. Following the data analysis and synthesis process, two of the four participants were contacted for a follow-up interview. During this interview the participants were presented with the researcher's findings. The participants were then asked to comment on the results, and indicate whether or not they were an accurate and valid interpretation of their experiences. This was also an opportunity to clarify any misunderstandings made by the researcher. The follow-up interviews were not recorded, although notes were made so as to incorporate any new information or corrections into the data.

Data Analysis and Interpretation

The information provided by the participants, in the form of transcribed interviews, served as the raw data. Each interview was first transcribed and read several times. The procedures used in this study to conceptualize the data were primarily open and axial coding (Strauss & Corbin, 1990). This two stage process required both analytic and interpretive skills, and served to identify common themes within and between the interviews. Open coding was used to break down, examine, compare, conceptualize and categorize data. Axial coding was then used to reassemble the data by making connections between the categories.

Using open coding techniques (Strauss & Corbin, 1990), each interview was first independently analyzed. Meaningful statements were identified and highlighted in each of the transcriptions. These statements were essentially sentences, phrases or paragraphs that described significant phenomena, such as thoughts, actions, or beliefs. Next, each statement was given a concept label - a word or phrase which described or otherwise indicated a discrete meaning of the phenomena that statement represented. At this point, statements were then renamed as concepts (Strauss & Corbin, 1990). Concepts from the same interview were then compared one against the other, and those with similar labels and phenomena and were tentatively grouped together. These groups of concepts were then called categories (Strauss & Corbin, 1990). This procedure was repeated for each interview, and represented a within-person analysis of each interview.

A similar process was used to then examine both the concepts and categories between each of the interviews. Concepts and categories from all the interviews were compared and regrouped so that the concept labels and categories were consistent across all the interviews. The categories (and their respective concepts) from all the interviews were then compiled into one data set, representing all four interviews.

Axial coding was then used to assemble this data by examining the various categories for possible relationships or connections between each of them. The categories were compared one against the other by reviewing the respective concepts that made up each category. In doing this the researcher was looking for instances where the data suggested that one category was a consequence or outcome from the activity of another category. This may suggest a kind of causal relationship between categories. In other cases, this comparative process may suggest that several categories act together and another category emerges as a consequence.

In other instances, this process revealed connections in which one category described the context of another, or that a category represented some kind of intervening condition for another. If a concept is an intervening condition, it will either facilitate or constrain the activity of another category (Strauss & Corbin, 1990). Thus, one category ("the client can see that I want to learn about his culture") might represent a phenomenon, and another might demonstrate an intervening condition which acts upon it ("going to an event in the clients community").

Once this comparison was made, the categories were further collapsed into larger, more abstract groupings. These groups were made up of varying numbers of similar categories. The final groups which remained represent the themes in the results. The way in which these groups are similar is described by the domain titles.

A written synthesis of the results was created. Two participants were presented the results, including the concepts derived from the interviews as well as the integrated themes and domains. This second interview focused on ensuring the accuracy of the researcher's understanding and interpretation of both the individual interview data and the resulting synthesis. The interview also provided the participants the opportunity to present clarifications, indicate crucial information they felt was missing, or make other comments relevant to the accuracy of the data analysis.

Validity and Reliability

Validity has been defined as referring to the appropriateness, meaningfulness, and usefulness of the specific inferences researchers make based on the data they collect, while reliability refers to consistency (Fraenkel & Wallen, 2000). Although some variation exists within the field of qualitative research regarding issues of reliability and validity (see Marshall & Rossman, 1989; and Stiles, 1993), Maxwell (1992) and

Strauss and Corbin (1990) identify several consistent ways in which both are addressed. Various methods used to effect validity and reliability for this study are discussed. In addition, appropriate criteria regarding the grounding of the results are included (Strauss & Corbin, 1990).

Several different types of validity are generally observed in qualitative research. These include descriptive, interpretive, theoretical and external validity (Maxwell, 1992). Descriptive validity refers to the factual accuracy of the statements provided by each participant. Interpretive validity refers to the concept that the data is consistent and accurate with the participant's perspective. Stiles (1993) calls this "testimonial validity", in that the interpretations are founded upon on the individual's own words and meanings. Theoretical validity refers to the fit or agreement of the results and interpretations with the data from which it was derived. In addition, results should be described and interpreted against current theoretical perspective. Finally, external validity is typically viewed in qualitative research as transferability (Strauss & Corbin, 1990). When working with qualitative data one is not attempting to generalize but to specify. The researcher specifies under what conditions the phenomenon under study occurs, the action/interaction that pertains to them, and the outcomes associated with them (Strauss & Corbin, 1990). Thus, the results derived apply to these situations and conditions and no other. While it is the researcher's responsibility to make evident such specifications, the reader has the obligation to correctly transfer the results into other, similar, settings.

Several steps were taken to account for validity in this study. First, a clear and detailed description of the data gathering and analysis procedures are provided. The contents of each transcribed interview were examined for consistency within itself, and any obvious conflicting statements were clarified post-interview. In addition, the results and interpretations were

communicated to two participants, allowing for clarifications and comments, to ensure the accuracy of the data and interpretations. Further, the results were compared to existing research and theories, and are presented in Chapter 5. In addressing the concept of transferability in this study, the author has bracketed the research by describing the participants and the phenomena under investigation with enough specificity to ensure that it may be transferred in an appropriate manner.

Reliability is determined by consistency of results across different methods and observers as well as by a constant fit between observations and interpretation (Maxwell, 1992; Stiles, 1993). Results are reliable when they are consistent between different observations, and when observations are interpreted in a uniform manner. In this study, the same data collection procedures were used for all participants. In addition, the method of analyzing the data was consistent between the participants.

Finally, Strauss and Corbin (1990) indicate that there are several criteria to evaluate results derived from grounded theory procedures. These criteria are presented in question form, and those appropriate to this study are included. First, are concepts generated? As they are the building blocks in data analysis, concepts must be clearly represented in the results. In addition, the sources of those concepts must be identified. Next, are the concepts systematically organized and related? The relationship between concepts should be interwoven throughout the presentation of the results. Finally, has process been taken into account? It may be described as stages or phases, and also as a movement over time of action and interaction between concepts.

The researcher has responded to each of these questions. The concepts in the results chapter are clearly identified as themes, and play a major role in the configuration of the results. The sources of those concepts has been clearly identified by describing the participant selection

method, the interview process, and by providing background information on the participants. As seen in the results chapter, the concepts (themes) and higher-order concepts (domains) have been organized and related throughout, and process is represented by describing the nature of those relationships.

Chapter Four

Results

The themes which emerged from the interview data are arranged into three higher order domains. Each domain represents broad categories into which related themes were grouped and organized. Although each domain is presented as a distinct category, it is evident that these domains and their constituent themes are strongly inter-related with each other. This will be made apparent through the presentation of the results, and further explained at the end of this chapter. In addition, results concerning how the participants viewed the construct of therapeutic alliance is also introduced.

Nine themes emerged from the interviews with the participants. They are: Being Non-assumptive: Being Genuine; Understanding Yourself; A Way of Listening; Expanding Your Presence; Focus on the Relationship; Culturally Inclusive; Trustworthiness; and Safety. These themes are organized into three domains, titled A Willingness to Learn, Extending Yourself, and Authenticate Yourself. The domains, and their constituent themes, are presented below. Excerpts from the transcripts are included to allow the participant's voices to serve as examples for each theme. The excerpts are shown as indentations.

Domain One: A Willingness to Learn

The first domain, A Willingness to Learn, indicates a kind of attitude and internal belief system that the participants identified as being important when creating a therapeutic alliance with Aboriginal clients. This domain suggests that who the helper is as a person, and the ways in which they interact with their Aboriginal clients, make a significant impact on the formation of a good therapeutic working relationship. These themes do not

necessarily represent inherent personal traits or skills, but instead reflect a "way of being" that the participants identified as important when creating a relationship with Aboriginal clients. The title of this domain reflects an overall vein that runs through all of it's themes: an intention to be truly open to new and different experiences, and from that position engage in "being taught" about the client by the client. This includes not only the unique life experiences of the individual client, but importantly the various level and degrees of culture that the client participates in. Here Peter provides an introduction to why he feels learning about a client's culture is important:

> Peter:
> But, to disregard [the effects] of culture is a dangerous proposition. I think there are numerous examples...asking certain questions, in a certain way, even using certain words, can be a social faux pas in cultural groups. You know, it could be something that you never ask about, or even talk about; unless you have developed a relationship, it is off limits. If you don't know that, you might be feeling that you are totally respecting that person, but you blow it. That is [why it is] dangerous to go in not knowing anything about the culture.

To gain this understanding, a helper needs to have a "willingness to learn." There are four themes in this domain. They are: Being Non-assumptive, Being Genuine, Understanding Yourself, and A Way of Listening.

Being Non-assumptive

Fundamental to the willingness to learn is being non-assumptive about the client. It represents a kind of openness that is not presumptive about the life experiences of the client. In another sense, it is also non-judgemental, and conveys a sense that the client and helper meet on equal footing - an equality that may be rarely experienced by Aboriginal people. Douglas spoke strongly in his interview about the importance of taking a

non-assuming stance when developing a therapeutic relationship:

> Douglas:
> I think that is probably the biggest thing that I've learned in terms of working with Aboriginal clients [is that] you have to be non-assuming. As soon as you make assumptions, chances are you will make the wrong one. And when you have made the wrong one your credibility will evaporate really quickly.
>
> So the whole issue about being non-assuming is paramount. To have no expectations going in other than to relate to or interact with another human being. So, it is almost a down to earth, very respectful - almost a Rogerian type of thing where, you certainly would never go in saying "I am doctor so and so"...So you go in non-assuming, just as another person whose had different experiences than the person that you are meeting with, and you watch and you listen...It is really important that you don't go in there as the center of the universe because very frequently your center of the universe is found outside their community.

In addition, participants revealed that this openness also meant that they had to be willing to learn from, and be taught by, their Aboriginal clients. Clinging to a professional title, or playing the role of the 'expert', was counterproductive. As non-Aboriginal helpers, both Leslie and Jeannette felt that they could not presume to understand the personal, social or cultural experiences of their clients, and that to do so would be disrespectful:

> Leslie:
> I went in unassuming - that I didn't know their pain and that I would never know their pain...I went in and just admitted "I don't know - teach me, tell me about that". And I found a real openness to that, to teaching me.
>
> Jeannette:
> Lots of psychologists are coming from an expert stance. We are told we are experts. We are given privileges in this system. Being able to say, "You know I am just going to listen, and I am not the expert." Having the ability to be respectful. To have the ability to not think

> because you have this [university] degree that somehow you have a privileged perspective. That has really been helpful in [creating therapeutic alliance].

All the participants also identified that they learned through experience to take a non-assumptive position regarding the cultural diversity within the Aboriginal community. Believing that Aboriginal people were one culturally homogeneous group was an initial mistake that helped the participants further value and engage in being non-assumptive:

> Douglas:
> I thought, because from my past experience in rural [province] was the whites are basically the whites and the natives are basically the natives and each of those groups was a solid, cohesive unit. Not true! In northern [province] I had my first immersion into coming to understand that there is so much diversity within the native community that to use a global term works as a disservice to them.

> Peter:
> You can go in and the danger is assuming you know their culture, because they are Aboriginal. Well, how many Aboriginal people are the same - if I put five people that are Aboriginal in this room, and we got to know each and every one of them, what would the culture be? Would there be elements that are the same for all? Probably. Would there be marked differences from one to the next person? Probably... You should never assume things, and I think that is very important when working with [Aboriginal] groups.

Diversity is reflected in part by a client's spirituality, degree of acculturation, tribal affiliation, language, and definition of community. For example, community may include not only the city, town or reserve that the Aboriginal client lives in, but is also defined by their family, friends, or other social support systems such as teachers and elders.

The non-assuming stance also allows the helper to engage in a relationship with an Aboriginal client in a non-judgemental way, demonstrating that the helper is willing to learn from the client about their life as well as understanding and working with emotions that may exist in

the helping relationship due to previous experiences between Aboriginal and Non-Aboriginal cultures. All the participants indicated that being able to work with the anger that some of their client's expressed towards themselves, or the white culture at large, was facilitated by a non-judgemental understanding which came from this non-assuming position.

> Peter:
> I think being non-judgemental is another very important thing. You can be perceived that way, but also being able to take the reverse, when you are being judged. You have to be willing to have people point their finger at you and say "Hey you, you are a white man, what are you doing here?" You see that for what it is, that is a defense because [Aboriginal] people have been burnt by people like myself. For years and years, if you understand their history, what has it been like? It is that there are white guys coming in from outside, imposing, sometimes damaging, interrupting, interfering...Some people have been horribly abuse, as a result of residential schools for example, and Indian affairs, how they have treated people over the years. So when you understand that perspective you understand the anger a little better....You have to understand that perspective. And so sometimes the kids and adolescents that I work with are so defensive, that it takes a lot of work to build trust and rapport.

Being Genuine

Being genuine indicates a transparent realness on behalf of the helper regarding not only their own feelings and thoughts, but perhaps more importantly their reasons and motivations for working with Aboriginal clients. While the participants had different reasons for working with Aboriginal clients, they all agreed that being open and honest about these purposes was important to facilitating an alliance with their clients. Participants also agreed that, probably from experience, Aboriginal clients were quick to identify "fakeness" or "phoniness" in non-Aboriginal helpers as well as identify those sincere interests. In talking about how this

genuineness is expressed, Douglas also implies how it is related to other themes in this domain:

> Douglas:
> And you learn about culture and you display your interest in the culture and they are really quick to figure out whether or not you are genuinely interested or if it is just an act...And, I am really lucky because I am very interested in other people, other cultures, and so for me to go in it was a real experience of watching and listening and seeing how people interrelate. And I learn as much as they do.

Realness also allows the helper to be human in the relationship; to make mistakes and be imperfect. The participants felt that this further impacted their willingness and need to be the "expert", both in their own eyes and in the eyes of individual Aboriginal clients and/or communities. Further, it is also through being able to make and acknowledge mistakes that helpers show a willingness to learn.

> Jeannette:
> Oh yes! And mistakes. The Aboriginal community is very generous in giving you correction. I have learned that as long as you have a good motive, people will correct you in a gentle way.

> Douglas:
> Well, after you have worked in some native communities it takes a real load of your mind to a large extent because there is this real sense that you don't have to be the expert. All you have to be is someone who cares, gets involved, willing to try, and you do have something to offer. It may not be the most or it may not be the least, it might not even work, but the fact is that you are in there trying, doing no harm, doing nothing disrespectful, so you don't have to be concerned about being an expert.

<u>Understanding Yourself</u>

For the participants, working with Aboriginal clients inevitably drew issues like racism and differing belief systems into their awareness. This occurred at many different times and in varying ways for the participants,

the impact of which was not limited to the time they spent with their clients. As important as it was to identify and work with these issues, the participants indicated that they needed to have a working knowledge of their own beliefs and values to effectively create a therapeutic alliance. In part, it was difficult to be genuine without accurate knowledge about one's own biases and beliefs. Douglas provides an example of how knowledge of his own beliefs helps him identify and allow for differences, and also suggests that understanding one's own belief system is not only a beginning state but also an ongoing process:

> Douglas:
> I think whether we admit it or not, we all have strong beliefs. The person who says that they are totally without a belief system is full of themselves, because we all have it. I think it is tolerant to allow others to have their belief systems is what it comes down to, in recognition of the fact that hey maybe I have a bias here...so why does my picture of success - where you have to go to university - have to be impose? It doesn't.
>
> I honestly think that anyone who is really struggling with their own personal views should probably take some time to solidify their views and say "OK, how does this fit with mine, how doesn't it, and is there anything from this experience I can take that would help mine".

As this understanding of self also emerges through contact with Aboriginal clients, a helper must be willing to learn about themselves, even if this means a process of confronting some difficult realizations about ones' previous or current beliefs. Jeannette talked candidly about how her own self-awareness was broadened, and about how negative preconceptions about Aboriginal people were challenged:

> Jeannette:
> You really have to have your own racist stuff down. I never realized how racist I was. Looking back, I actually have learned at lot. But, some of those perceptions - about Aboriginal people as being drunk all the time, and the poverty that goes with that. Looking back, I had

> a whole bunch of those things that really got challenged. And you have a different perception of things...To get to my house from the office I have to walk downtown. And if I see a lot of Aboriginal people walking around or sitting on a bench I have to challenge myself that this isn't a drunk, this is a person. I really work on fighting that stuff, fighting that racist stuff. I didn't think that I was racist before.

Both a starting point and a continual process, understanding yourself includes both the intentional act of identifying one's beliefs and values as well as a willingness to allow for changing perceptions. As Douglas indicated, we all have a belief system that we value which may be different from a clients; but as Jeannette demonstrated, those beliefs and perceptions need not be immutable structures so long as one is willing to learn.

A Way of Listening

> Peter:
> There was this girl who had been sitting and crying all morning in school, so they brought her to me. She would not answer a single question. Not one! She kept crying. Nothing happened. So she finally named one friend that she trusted, and I got them to call that friend down. And you know what I found out? She got her talking right away, and I came in after asking if it was OK...and I talked to her friend. And [her friend] said "she doesn't like so many questions!" I realized that I should have stopped after the first question, and realized that I should have sat with her and said 'I'll just sit and be with you ..."

In the example above, Peter tells a story about a learning experience that instructed him on the difference between his understanding of what it was to listen and the meaning of listening for his Aboriginal clients. All the participants shared similar stories, and were very clear that helpers will need to learn a different way of listening to communicate to their Aboriginal clients that they are being heard. Both Jeannette and Leslie provide examples of what that way of listening entails:

Jeannette:
You really need to shut up and listen. That is a huge part...Someone explained to me once that western culture starts a story from the beginning and goes to the end, where as traditional [Aboriginal] people often start with the most relevant piece right now. They build the story in sort of a ripple effect. And so if I am listening to you, I expect you to start at the beginning and if you miss a piece I ask you about it. And that helps the story keep going in a logical progression.

When an Aboriginal man starts to tell me a story, when he starts to tell me something...you have to sit down and listen and not interrupt, not ask for details, until he has given you a sign that he has got most of the story out. Then I can ask questions. But if I don't wait, I don't get the story. And the minute I start to ask questions, he thinks he is not being listened too. I don't know if all Aboriginal people believe that, but when you talk to an elder, they tell you a story. It is not about [getting to] the point. It is up to you to figure out the point. Your feedback isn't necessarily to get more facts, it is to get more understanding.

Leslie:
I think it can be summed up in one sentence; shut up and listen! And listen! Just go in there acknowledging that although there are things you can connect with, things that will make you closer and help create that alliance, you are ignorant walking in. You need to listen for those threads that are going to tie you to this person, this community...when I go in and try to create and alliance, I think it is really important to ask them their story. To let them understand that you are really willing to hear their stuff. To go in and really be there to listen to stories that are going to be hard to hear.

These quotes show several common elements about this kind of listening. Helpers need to "shut up and listen"; they first need to listen silently versus interjecting with questions or comments into the client's stories. Allow the client to tell the story, and wait until they are ready for questions. Also, the purpose of listening is to enhance one's own understanding, not necessarily to convey empathy or to gather facts via

questions. Finally, as Leslie suggests, this kind of listening demonstrates a willingness to learn about the client's story.

Domain Two: Extending Yourself

The second domain includes three themes, titled Expanding Your Presence, Focusing on the Relationship, and Culturally Inclusive. These themes all convey kinds of actions which the participants identified as being important to consider when creating a strong therapeutic alliance with Aboriginal clients. These themes identify how the participants focused less on specific activities (such as "going to a pow-wow") that help to create alliance, and instead provided many examples of how it was the spirit of the action which made the difference. This spirit demonstrated the helper's willingness to extend themselves outside the typical bounds of the therapeutic relationship in order to acknowledge and respond to the needs of their clients.

"Extending Yourself" is not only a mental attitude or belief, but it is an ability to act. Participants made it clear that simply having particular beliefs, attitudes, or skills were not enough. Instead, all these should guide, and be manifest in, appropriate actions. The participants made it clear that "being seen" - that is, taking action in a visible way - was crucial to creating a strong therapeutic alliance.

Expanding Your Presence

Participants often compared the work they did with Aboriginal clients to that with non-Aboriginal clients by indicating the different actions they took in creating therapeutic alliance. All the participants spoke with conviction that a helper needed to expand their presence to be effective. While this had a variety of different manifestations, it generally meant becoming a visible person acting within the Aboriginal community:

Douglas:
When you form community, you start to move within that community, start to interact, and you do things together, you share...you see, [Therapeutic alliance] doesn't exist just inside a room, it exists inside the entire community. So you go to a hockey game or you play hockey, or you go to Parent teacher night, or you take part in community events...if you are seen as a community person, your credibility is high and built on that

Leslie:
My husband and I and the kids would go on the land with the same family of [the male client that she was working with]. It would be a totally different dynamic. He was a hunter. He knew things about the land that I would never know, that my husband would never know. And we were totally dependent on them to make sure that our children and us were safe. To see them in that very different role...so when I went in their home, I'd say "Just like you taught me this [on the land], I've got something to teach you". Because I gave him the time to teach me, it wasn't hard for him to let me teach him.

Interacting with the community is not simply another tool in creating alliance. Instead, it reflects the genuine interests of the helper and the spirit which guides their actions. The helper's willingness to learn, to be open and unassuming, is reflected in their interest in incorporating the cultural needs of the client. As Leslie's quote above demonstrates, expanding oneself into the client's realm shows a willingness to be taught and to trust which may be reciprocated later on.

The amount to which a helper extends him/herself and participates in the client's community and culture varied amongst all the participants. They agreed that it was an individual decision made by each helper, guided in part by their own beliefs and comfort level. Concerns regarding appropriating another person's culture were provided by some as one reason for not participating in "too many" or specific cultural events. But the participants quickly learned that developing a therapeutic relationship with their clients often meant expanding themselves outside the bounds of

the office, the one-on-one individual counselling format, or the fifty minute session. Douglas provides an example of why he succeeded where another helper had failed:

> Douglas:
> I was working in a school in [a community in northern Canada] in 1992 or 1993, and the counsellor that we had in the school was very qualified, but none of the kids would got to her. She had no credibility...largely because she had an answer before they even opened their mouths - she knew how to fix them. So I had one Native boy who was very much into slashing, very suicidal, had a really horrible home life, who came to me. And we started to do - I was a teacher at that point - and we started to look at different things that we could do to help him make his life better. To give him some power. But along with that, there has to go the understanding that in the community that he came from, individual therapy isn't looked on very favorably because they are part of a global system, and [a client] can't on their own accept therapy without understanding that it is going to affect everyone else in that community. So we ended up working very much in a collaborative thing with his parents, his aunties, but this whole extended family had to be worked with - very much a systems approach.

For Jeannette, extending herself means participating in certain cultural events with some of her clients. In the quotes below she talks about the effects of two specific activities she has participated in. The impact this had on the quality of the relationship between herself and clients is evident:

> Jeannette:
> Well, they don't just tell you stuff! So I had to start by going to the sweat lodge. And, that was a really interesting part, because I ended up going once a month, once every two months, to the sweat lodge. And what I noticed was the change in the relationship that I had with the guys when we got back. They never talked about anything out there [in the sweat lodge], but they saw me. They saw me learning, and they saw me taking directions from the elders. That was huge! And I just sort of tuned in that when I got back from the sweats, the relationships were easier, and people would tell me more.

> What I found was that after I completed my first fast, clients knew about it and it made a difference to them. So all of a sudden the quality of the disclosure that I was getting in individual therapy with these guys was huge. It was just this huge increase in telling me about the types of dreams that they were dealing with, telling me about the roles that their traditional practice was playing. Until that occurred [going to sweats and fasting], it just didn't happen.

This is something that she acknowledges other helpers may consider unethical, in the sense that it may be seen as creating a dual relationship between the client and the counsellor. But she encourages others to take the perspective of her clients, who view her participation as evidence that she values and respects traditional Aboriginal culture. In addition, it provides a balancing power in the relationship between the clients and herself, a time where she is the learner and not the professional. This provides a visible demonstration to her clients of her willingness to learn. In addition, her participation is congruent with her personal beliefs and spirituality; in other words, it is genuine for her. Finally, she suggests that Aboriginal clients may come to their helpers and request their participation, and in this way helpers need to be ready to consider extending themselves beyond what they may have otherwise considered:

> Jeannette:
> In my experience, [clients] will want to bring in their support systems: their spouse, their elder, [have a] sharing circle. When I have a really good rapport with [clients], they want me to be connected to their support system. So we will have an Auntie come in, or an Uncle. But they want you to meet them. That is another sign of rapport.

The effects of widening one's presence into the community are evident in all of the participant's quotes. It demonstrates a willingness to learn, to be taught, and to forgo the professional or expert stance. This then has a positive effect on the kind of relationship that develops between the client and the helper. Participants also expressed that having a presence

in the community allowed them to learn about their client's culture, the culture of the client's community, and of Aboriginal people in general. One final example is provided showing the value of expanding one's presence:

> Jeannette:
> A teacher from [community name] told me something. If you have a client from a specific cultural group, you are not to learn about their culture only from them. That has stuck with me. What that meant to me was that I need a connection in the community that I can go to and learn from...So I always make sure that I have those connections [and] in the Aboriginal community you need to do this...having those connections has been very powerful. I think the other point is that by going to the people in the respective community who are respected helpers and healers, you are going get a more holistic view of what this client needs to do for help

Focus on the Relationship

In talking about the therapeutic alliance between themselves and their Aboriginal clients, the participants talked about the tasks they performed with their clients, and the goals (either implicit or explicit) they had, in a relationship-centric manner. That is, they focused much of their goals and tasks on the formation of a strong therapeutic relationship between themselves and their client. Participants identified barriers that may exist in a therapeutic relationship between a non-Aboriginal helper and an Aboriginal client; issues such as creating trust and safety within the relationship, suspicion regarding the helper's motives, and language and communication barriers, were presented. Considering this, the spirit of their therapeutic actions were concentrated on the relationship, and not necessarily on designing or implementing interventions for specific issues.

Participants generally dismissed putting the focus of helping on interventions, setting goals, or even the degree of agreement between these tasks. Douglas summarized very well the focus the participants put on the relationship aspect of alliance:

Douglas:
...for me the relationship is like 95% of the whole counselling therapeutic alliance. Because, they will gain based on their trust in you, and then you can offer and help and listen and - without that relationship you have nothing.

In all the training that I have had, a lot of people keep coming back to interventions and what techniques can they use and it drives me crazy because it has never been about that...you can't take interventions that were developed and used in one population and say "I guess this will work - I know just what you need". That is not what it's about, because their goals may not be your goals - they may not even be able to articulate their goals. So it is very much a process of collaborative journey...It is very much secondary to the relationship.

One consistent aspect of this relationship focus was the development of a common ground between the helper and the client. While a focus on the relationship could illuminate many areas where client and helper are different, participants indicated that it was important to seek out and acknowledge a universal foundation of experience. This also meant that helpers needed to acknowledge and respect the differences that do exist. Having a common basis of experience and a respect for differences allows for an attitude, as Peter says below, of "We can work together."

Douglas:
I think when we recognize culture as something that is part of the person's experience, as opposed to something that limits their experience, once we can understand that...it is very much a more pure sense of human beings in one global community that have a number of different areas that they can meet on, and a bunch they can't. But that is the respectful part.

There is a universality of experience that I think is out there regardless of what heritage or culture or community that you come from. Everybody experiences pain, loss, suffering, happiness, joy, hope, on and on and on. So you can meet on common grounds. But the expression of all those needs and wants and feeling can be totally

different depending where you are.

Peter:
You need to have the philosophy of respect for the individual, irrespective of culture. That your respect is not based on [the idea that only one] culture is important. It includes [indigenous therapeutic] treatment. You have to keep an openness to that. You don't have to agree with it, but if they are whole heartedly in favor of it then you support what you can, and say "We can work together."

From these examples it becomes clear that collaboration in the relationship was viewed as important by the participants. For them, an important way this cooperative presence was demonstrated was by actively including cultural elements into the helping process. Thus, one thrust of this collaborative effort may be seen in the next theme in this domain.

Culturally Inclusive

Expanding one's actions in a culturally inclusive manner suggests that helpers act in ways that demonstrate a respect for, an understanding and awareness of, and a certain degree of valuing, for the client's culture. Participants felt these actions need not be limited to interventions, but should also take into account other behaviors which may positively affect the relationship. One does not include cultural elements in only one aspect of helping; it permeates the entire relationship building process. Jeannette gives an example of where being culturally aware, and including that knowledge in her helping, led to taking actions she might not have otherwise chosen. She also speaks passionately about the importance of incorporating her knowledge of a client's culture and from that constructing appropriate action:

Jeannette:
Well, some of our clients believe that they have had 'bad medicine' used against them. It doesn't matter what your belief about bad medicine is, my clients come in and they believe that. And knowing

how to help people deal with that - I don't take care of it, but I can get someone who will - makes a big difference. There was one case where I wrote a court report guaranteeing that my client does not shape shift [to change from human to animal form], because someone in this community had made that allegation. So the client and the elders and I had that discussion and had to come up with that. If you had a request like that and you were not working in an Aboriginally aware context, you would laugh. You wouldn't write the report. And the guy would not have got [the help he needed] had that issue not been addressed.

Help is so culturally defined, that, again, [by just] saying that as long as I respect their culture I can help them, is bullshit. If I don't know that my client believes in this bad medicine, I can counsel him until the day is done. What he needs is for me to hook him up with somebody who can help him take care of that concern. And I might need to be involved in that process, as a support person. But respecting his culture as an intellectual activity won't help him.

This inclusiveness is not limited to one's general beliefs about a client's culture. It is an unassuming, responsive action to the individual client as well. However, it also recognizes larger issues, such a racism, that may affect many Aboriginal client's regardless of their cultural diversity. Here Jeannette gives two examples of both the diversity in her Aboriginal clients and the ways in which she acts to address and incorporate such diversity:

Jeannette:
A lot of the people here are going through a cultural crisis. They don't fit. Well, a lot of Aboriginal people who are Christian really feel that they don't fit, like they are supposed to be 'back to the earth'. But that doesn't fit with them. And there are a lot of Aboriginal communities that are Anglican or Catholic...We talk about that a lot. I always ask people if they are following a traditional path. And if they say no, then I don't refer them to Aboriginal service providers, or I don't involve the elders, or whatever.

I think it is also an issue of racism. And so we talk about being an

> Aboriginal person in a culture that doesn't value them. For example, we have several Aboriginal [clients] who were raised by white families in a hostile environment. We deal with the racism stuff, and they may prefer to not have an Aboriginal counsellor, and so we respect that.

Domain Three: Authenticating Yourself

As made evident from the participant's interviews, creating a therapeutic alliance was a process. What facilitated this process were the domains, and themes contained therein, of "A Willingness to Learn" and "Extending Yourself". In essence, the outcome was that the participants found through this process a way of authenticating themselves for their Aboriginal clients. Douglas described this result as garnering "credibility" with not only his clients but also the larger Aboriginal community he worked in:

> Douglas:
> And once you gain credibility within [the Aboriginal culture], which is what I did in working with [client], you can go anywhere. People actually sought you out. So that was one of the things that really encouraged me to pursue counselling, actually. The fact that it is not about credentialling or courses taken, it is about a very humanist approach to life, and I think that is really expected and accepted within native communities.

The participants spoke about becoming credible in the eyes of their clients. Gaining this credibility was a process that they did not relate to their education, their professional credentials, or even their knowledge of Aboriginal culture. Instead, it was through their willingness to openly learn and be taught, and their ability to act by extending themselves in new and responsive ways, that the participants felt they emerged in the eyes of their clients as being trustworthy and safe, the two themes which make up the third domain.

Trustworthiness

Peter:

...it takes a lot of work to build trust and rapport, and it is hard for [clients] to divulge anything personal. But I think that in as much as trust is the key to counselling - which it is - you have to understand the perspective and the history of Aboriginal people and the relationship between the white person [and the] Aboriginal community.

...for years and years, if you understand [Aboriginal] history, what has it been like? It is that there are white guys coming in from outside, imposing, sometimes damaging, interrupting, interfering...Some people have been horribly abused, as a result of residential schools for example, and Indian affairs, how they have treated people over the years. So when you understand that perspective you understand the anger a little better...You have to understand that perspective. And so sometimes the [clients] that I work with are so defensive. It takes a lot of work to build trust and rapport.

The above excerpt from Peter shows both the difficulty and the importance of establishing trust in a helping relationship. It required an understanding and acknowledgement of a key factor which the participants felt would likely influence the relationship between a non-Aboriginal helper and an Aboriginal client: the impact of western culture on Aboriginal people and culture, and how that may have been lived out in an individual client's experience. Naturally there are other factors involved in trust, but this one was repeated by all the participants.

Peter deliberately used the word "some" in the above quote to demonstrate the importance of not assuming that all Aboriginal people have had the same experiences regarding these issues. This was echoed by all the participants. The focus on establishing trust was not simply on what one knew (ie. knowledge about culture) but what one did, and the spirit and manner behind such action.

Trust is not an element of the relationship itself, as though the

relationship between client and helper was trustworthy. Instead, it was in part a perception that the client had of the helper. To authenticate themselves to their clients, the participants had to establish trustworthiness. This initially meant demonstrating that they were literally worthy of the clients trust, something that was facilitated by the themes of the first and second domains. While the process of establishing trust was ongoing throughout the relationship, at some point the participants felt that they became established as being trustworthy. Peter speaks about this process of becoming trustworthy:

> Spending time in the community, working alongside community members...and the longer you spend in a community the more you are accepted. And trusted. And the more people will approach you about things. They think "he has been here a long time, [he does] this work, you should go talk with them". It is sort of like any business, in this regard, and in counselling it is the same way. How do people come to a counsellor most often? Through the recommendation of someone they trust.

By reviewing these following excerpts from Jeannette and Leslie, one can see how the theme of expanding oneself led to client actions which demonstrate trust in the helper:

> Jeannette:
> What I found was that after I completed my first fast, clients knew about it and it made a difference to them. So all of a sudden the quality of the disclosure that I was getting in individual therapy with these guys was huge. It was just this huge increase in telling me about the types of dreams that they were dealing with, telling me about the roles that their traditional practice was playing. Until that occurred [going to sweats and fasting], it just didn't happen.

> Leslie:
> My husband and I and the kids would go on the land with the same family of [the male client that she was working with]. It would be a totally different dynamic. He was a hunter. He knew things about the

> land that I would never know, that my husband would never know. And we were totally dependent on them to make sure that our children and us were safe. To see them in that very different role...so when I went in their home, I'd say "Just like you taught me this [on the land], I've got something to teach you". Because I gave him the time to teach me, it wasn't hard for him to let me teach him.

Leslie later commented that it took a lot to trust that particular client with the safety of herself and her family, but that demonstrating she was willing to trust him was an act which eventually allowed the client to in turn trust her. This also provides an example of how trust also resides within the clients, and was viewed as something they bestowed upon the helper. Authenticating their trustworthiness was important, and being given trust by their clients was both a response to and implication of this authentication.

Safety

Like trustworthiness, safety was reported as a culmination of the themes in the first and second domains. The process of creating safety within the therapeutic alliance was effected through listening, being genuine and human, and taking an unassuming stance that presented a non-judgemental attitude. By expanding their actions to include personally and culturally relevant material, the participants also demonstrated a respectfulness of action which further facilitated safety. The impact that actions can have on safety can be further illustrated by reviewing this previously given quote from Jeannette:

> Jeannette:
> So I had to start by going to the sweat lodge. And, that was a really interesting part, because I ended up going once a month, once every two months, to the sweat lodge. And what I noticed was the change in the relationship that I had with the guys when we got back. They never talked about anything out there [in the sweat lodge], but they saw me. They saw me learning, and they saw me taking directions from the elders. That was huge! And I just sort of tuned in that when

I got back from the sweats, the relationships were easier, and people would tell me more.

She later described how initially it was difficult for her to go to these sweats, as her clients at the time were sexual offenders. But it was through discussions with community elders where she decided to trust that in the sweat lodge she would be safe. By taking action in a way that demonstrated trust in the safety of the sweat lodge environment, she gave her Aboriginal clients evidence and reason to feel safe with her within the counselling setting.

Like trustworthiness, safety was seen as a result of the elements of the relationship building process that was characterized by the themes in each domain. In the following excerpt, Douglas talks about how these themes culminated in creating a safe therapeutic relationship, and calls this result a "holistic alliance":

Douglas

I think that there is a holistic alliance that can be struck, and from that it goes to any number of things...but the therapeutic relationship spans a bunch of things: It is not only listening, or looking, there is a whole tactile sense and that includes respectful distance. It is very much a sense of safety, and so the safety comes from number of factors. [A] sense of this is two people meeting as opposed to a psychologist or a counsellor and an underling. It is two people who meet on this road and they choose whether or not they are comfortable walking together for a while...So in building a safe relationship it's all about respect, it's all about being non-assuming, about being interested!

Relating the Themes and Domains

The intent of assigning the nine themes into three domains is to demonstrate a common thread which links each theme more closely to the themes within its domain than to the others. Thus, the themes of the first domain represent distinct but kindred items, tied more closely together by the strand which is the attitude "A willingness to Learn". Just as a necklace

is made up of both beads (themes) and string (domain), so these results are also put together.

This organization is not hierarchical. The domains do not represent larger constructs from which the themes emerge in order of importance. Neither is one domain or theme more important to the building of a therapeutic relationship than any other. No one theme or domain consistently emerged from the data as being more prominent in and of itself.

The themes within the domains have reciprocal effects on each other. That is, when participant's actualized a particular theme (such as being unassuming) they invariably carried this into how they invoked the other themes (such as listening in a new way, one that reflects this unassuming stance). So although participant's distinctly identified each theme, they also integrated each into the other.

Themes also interacted across domains in a similar way. This is most evident between the first two domains, where attitude and intent may be seen as driving the actions. For example, the participants had to expand their visible presence within a community in a manner that was genuine to them. It could not be done simply as an activity to prove something to a client, or to gain a particular result. The interest and specific activity was guided by their own genuine interest. The reciprocal effect of this relationship may be seen by the results of becoming involved in the community, an act which often provided the participants with an opportunity to examine their own beliefs and values. So the relationship between the first two domains is dynamic and reciprocal.

The third domain relates to the other two in a more distinct way. The themes more clearly represent characteristics of a therapeutic alliance (it is safe, it has trust) as well as goals to work towards (creating trust and safety) in the relationship. The other themes represent actions and attitudes

which, to an extent, facilitate this result. In essence, the third domain is a result of the alliance building process. Safety and trust do not develop only after sufficient conditions have been met. Instead, they are an evolving product of an ongoing process; they begin to mature with the first contact between client and helper. And this process finally authenticates the helper as a safe and trustworthy person.

In viewing the relationships between themes and domains, the results strongly present a process of how the participant's thought about and developed a therapeutic relationship with Aboriginal clients. But this process is not linear, in that there is no given starting point. Participants did not indicate that a helper needs to begin with certain attitudes and then develop appropriate actions. Indeed, some started with actions and later identified how their willingness to learn made those actions a success in creating alliance.

Therapeutic alliance: a process of understanding

Process as content

Throughout the interviews, the participants were asked in a variety of ways to describe what they thought a good therapeutic alliance was. What were its key elements? What were the constituents of alliance? What did that term mean to them? This proved both an easy and a difficult task for the participants: easy in the sense that they were able to identify the orthodox understanding of what alliance meant - Roger's concept of a relationship consisting of empathy, congruence and prizing, or the construct of alliance established by Bordin, but difficult in the sense that they spoke about how, in their work with Aboriginal clients, those psychological concepts were of little help. This previous excerpt from Douglas typifies this:

Douglas:
In all the training that I have had, a lot of people keep coming back

to interventions and what techniques can they use and it drives me crazy because it has never been about that...you can't take interventions that were developed and used in one population and say "I guess this will work - I know just what you need". That is not what it's about, because their goals may not be your goals - they may not even be able to articulate their goals. So it is very much a process of collaborative journey...It is very much secondary to the relationship.

Douglas later goes on to explain why he feels understanding therapeutic alliance as an abstract psychological concept does not work:

Douglas:
So, you can't go to Carl Roger's books, or Erickson's stuff, or any of them, because...you can't take someone else's experience or approach and carry it into a room and turn it on so that it works for you. Everything has got to be an extension of self.

Like Douglas, the other participants each related a personal understanding of how those previous concepts of therapeutic alliance were of little help to them in creating a strong relationship between themselves and their client. This was characterized by the participants as being another example of how knowledge as an "intellectual activity" alone was not useful.

Instead, the participants focused on describing therapeutic alliance as a process, not as a static concept or state from which to work from or work towards. When answering the investigators inquiries about alliance, they all began by relating actions they took or attitudes they felt were important in creating alliance. To a large degree, alliance was experienced by the participants as a process of creating a certain type of relationship with their clients. This relationship was generally characterized, from the perspective of the participants, as being composed of the themes and domains which emerged as the results of this study. Thus, the therapeutic relationship was made up of all the factors that went into composing it; in essence the content of the alliance was its process.

For these participants, a strong therapeutic alliance was not only seen as safe and trusting, but as being non-assuming, characterized by a genuineness and a different way of listening to their clients. A therapeutic alliance was not only created by actions, but was itself an action. It was not a fixed state, but a dynamic relationship.

Understanding

In looking at the first two domains, one can see another kind of intent that permeates all the themes. This intent is another implied goal of the interactions between the two domains and their themes: gaining an understanding of the client. While participant's first acknowledge their unassuming attitude towards understanding what it must be like to be their client, they also act in ways in which they may enrich their understanding of the individual and their respective culture. These previous quotes from Leslie demonstrate the underlying intent of gaining an understanding of her client:

> Leslie:
> Just go in there acknowledging that although there are things you can connect with, things that will make you closer and help create that alliance, you are ignorant walking in. You need to listen for those threads that are going to tie you to this person, this community... when I go in and try to create and alliance, I think it is really important to ask them their story. To let them understand that you are really willing to hear their stuff. To go in and really be there to listen to stories that are going to be hard to hear.
>
> My husband and I and the kids would go on the land with the same family of [the male client that she was working with]. It would be a totally different dynamic. He was a hunter. He knew things about the land that I would never know, that my husband would never know. And we were totally dependent on them to make sure that our children and us were safe. To see them in that very different role... "To see them in that very different role..." provided her with an

understanding about her client, his family and his culture, that was truthful and accurate through unassuming experience.

Participants consistently felt that gaining an understanding of their client (degree of acculturation, beliefs, etc.) was best done via experience. This experience was gained by the actions of the second domain which were guided in part by the attitudes represented in the first domain. Prior knowledge of Aboriginal culture, either through education or other experiences, was to be approached with that unassuming stance. After all, such information may not be relevant to their current client. In a response to cultural diversity and differences, the participants reported that it was more effective and respectful to understand their clients than to agree with them.

Summary

In investigating the creation of a therapeutic alliance with Aboriginal clients, the nine themes were identified from the participant's interviews: Being Non-assumptive; Being Genuine; Understanding Yourself; A Way of Listening; Expanding Your Presence; Focus on the Relationship; Culturally Inclusive; Trustworthiness; and Safety. These themes were further organized into three higher level domains based on a common element which ran through each domain (A Willingness to Learn, Extending Yourself, and Authenticate Yourself, respectively).

All the themes in the first domain reflected a willingness on behalf of the participants to take the role of learner. In part, this meant that they would learn about their client with an unassuming attitude, not making judgments based on their cultural background, or assumptions about their culture or life's experiences. Due to this unassuming stance, the participants also felt that the role of learner was a genuine one. Being genuine also meant allowing oneself to be human, fallible, and not always

having to take the role of being the "expert". This learning was also directed inward, in that the participants had to be willing to understand their own biases, culture, and beliefs. Finally, the participants indicated that in order to learn one needed to find a different way of listening to their clients.

If the first domain represents a kind of attitude or way of being, then the second domain is best exemplified as a kind of action or a way of acting. The participants were clear that when building an effective alliance they felt compelled to extend the presence beyond the immediate relationship with their client. This meant becoming visible in the Aboriginal communities of their clients in a variety of ways. Some attended community events or traditional ceremonies, while all agreed that expanding from working within their typical counselling format was important. In addition, acting in a way that was inclusive to the culture of the client was also crucial. The therapeutic relationship developed when the client's culture was able to play a part, and when the helper was responsive to the client's individual culture and their culture at large. Finally, the direction of these actions was frequently turned toward the building and maintenance of the relationship itself.

The final domain, Authenticate Yourself, is to some degree a result of the participant's actualizing the themes from the first two domains. In this case, the participants are viewed as being trustworthy and safe by their clients. As the development of a therapeutic relationship is an ongoing process, these last two themes exist as continuing outcomes. That is, safety and trust occur in varying degrees from the start of the client-helper relationship, but that at some point the participants felt they were finally viewed by their clients as being trustworthy and safe.

Although organized into distinct themes and domains, the results can be seen to be strongly related. And while this association between the

themes and the domains presents something of a process model regarding creating a therapeutic alliance, it does not suggest a proper beginning or end to the process. The first domain is not a starting point, and consequently the third domain should not be viewed as the end point either.

Chapter Five

Discussion

The purpose of this study was to examine how non-Aboriginal helpers established therapeutic alliance with their Aboriginal clients. Four non-Aboriginal helpers, experienced in working with Aboriginal clients, were interviewed about their helping relationships with such clients. Each participant described the process of creating a relationship that included taking actions with the spirit of expanding their presence, having a particular willingness to learn, and finally authenticating themselves in the eyes of their clients. These three domains are further illustrated by nine individual themes. All the elements of this process were seen as strongly inter-connected, and no one aspect of the process was viewed as being more important than any other. For these participants, all the themes were crucial to the creation of a dynamic and meaningful therapeutic relationship.

Although no attempt is made to extrapolate these results to other conditions or settings, the results of this study will be related to the existing literature on therapeutic alliance, culture-centered counselling, and the prior investigations regarding helping work with Aboriginal clients. Comparisons to existing theories and results will be made throughout the discussion. Possible implications of this study on the helping professions, including working with Aboriginal clients and helper education, is given. Suggestions for possible future research is also provided.

Research findings

A summary of the main findings of this study that contribute to the existing body of research regarding therapeutic alliance, working with Aboriginal clients, and the overall field of culture-centered counselling is provided below. Each finding will be discussed in more detail throughout, particularly in the integration with the literature portion of this chapter.

- Several aspects of the results of this study appear dissimilar to the concept in which therapeutic alliance consists of agreement and collaboration between the client and helper on tasks, goals and bond. The participants saw alliance as chiefly focused on the development of the bond aspect of the relationship; in a sense, the goals and tasks were focused on the bond. In addition, the participants did not focus on creating agreement and collaboration regarding tasks and goals in the relationship. Instead, they concentrated on generating degrees of understanding within the relationship about the client and their culture.

- The above differences are a reflection of how the helper's addressed challenges they faced when working with a client from a different culture. It was perceived by the participants as more important to first establish a strong bond with a client, characterized or facilitated by understanding, before considering any other goals and tasks. For these participants, selecting appropriate goals and tasks was only done when a certain degree of understanding of the client's personal and community culture is gained.

- Having a particular amount of prior knowledge about a client's culture did not play a role in establishing therapeutic alliance. The participants instead took the view that regardless of prior knowledge

(or perhaps because of it), an unassuming attitude towards the client was important. Gaining an understanding about a specific client, and their personal and community culture, was important. This placed the focus on the helper's experience with a culture versus their knowledge of it.

- Participants focused on a dynamic, active model of creating alliance. This meant that alliance was equal parts attitude (willingness to learn), action (expanding oneself), and state (authenticate yourself). Participants felt that working from theoretical models of alliance was not effective. Such models did not provide for the kind of information required to address the challenges of working with a client from a different culture. Thus, while such concepts might suggest what an alliance was, they did not serve to adequately guide actions.

- The importance of taking action was key in creating alliance. Specifically, this meant becoming a visible presence in the client's community and allowing for culture to play a role in the helping process. An eager or willing attitude towards learning about a client's culture was itself not viewed as being sufficient. Taking action had multiple levels of impact.

Integration with the literature

In order to facilitate the integration of the results with prior research and publications, the literature has been organized into three general areas of applicability. The results of this study will be compared and contrasted to existing literature regarding therapeutic alliance, culture-centered counselling, and recommendations given to non-Aboriginal helpers with respect to working with Aboriginal people.

Therapeutic alliance

Much has been written about therapeutic alliance as a pan-theoretical psychological conceptualization of the relationship between a helper and a client (Horvath, 2000; Horvath & Greenberg, 1994; Keijsers, et al., 2000b). In addition, a fair amount of research demonstrates that the therapeutic alliance, as it is generally conceived, has an impact on how successful therapy will be (Keijsers, et al., 2000a; Ogrodniczuk, et al., 2000). Interestingly, despite the consensus that the therapeutic relationship plays an important role across helping disciplines, there is a paucity of research regarding its applicability to situations in which the client and the helper experience significant cultural differences (see Daya, 2001). Thus, while it has been important to establish it's applicability amongst many different types of helping theories, little has been investigated about how and if therapeutic alliance may work across cultures. Considering this, it is a concept which needs to be re-examined in the light of the possible role that differences in culture between client and helper may play.

In looking at the current literature, it appears that most research regarding therapeutic alliance is outcome focused (Florsheim & Shotorbani, 2000; Horvath & Greenberg, 1994; Horvath & Symonds, 1991; Keijsers, et al., 2000b; Keijsers, et al., 2000a; Ogrodniczuk, et al., 2000). The current conceptualization of the constituents of therapeutic alliance - the strength of the agreement and collaboration between the client and the helper regarding bond, tasks, and goals - seems to be accepted (Horvath, 2000; Horvath & Greenberg, 1994).

The results of this study somewhat challenge that conceptualization, or at least do not fit neatly into it. These participants consistently presented a relationship-centric model of building an alliance. That is, the activities

(tasks) and goals that they described in creating a therapeutic relationship were consistently centered on building, for example, safety and trust within the relationship. They generally viewed other goals and tasks, such as those designed to meet specific therapeutic issues, as substantially secondary to the interpersonal relationship between themselves and their clients.

In the experience of these participants, successfully addressing specific client issues was unlikely to occur until they were able to create a therapeutic relationship, a strong bond. For these participants, this kind of relationship was built on specific helper attributes that indicated they were willing to learn in a very different way. This included finding a new way of listening to their Aboriginal clients - one that was different than they might otherwise use. Taking an unassuming stance regarding the cultural beliefs of an individual client was also important. Understanding their own beliefs, biases, and cultural identity was crucial, as it in part facilitated their being genuine.

The role that these kinds of attitudes play in creating a therapeutic relationship is not clearly addressed in the alliance literature. And although some aspects of the bond in alliance are identified, such as creating mutual trust between helper and client, and a sense of safety within the relationship (Horvath & Greenberg, 1994), there is little else to specifically indicate how these elements may come about. What helper attitudes are important? What are the kinds of actions helpers may take to create a strong bond?

There is little research in the literature that explores how helpers go about creating an alliance with their clients. In a review of research on therapeutic alliance, Horvath (2000) indicates that there is currently very little research illuminating this process. In his review, only two tentative conclusions emerge: the amount of helper training does not play a role,

while attention to the client-helper relationship within the therapeutic situation is likely to improve the quality of the alliance (Horvath, 2000). Further to this, Horvath (2000) refers to Carl Rogers in order to address some of these questions. Rogers does indeed provide additional answers regarding some of these missing elements. For him, the therapeutic relationship is characterized by helper empathy, unconditional positive regard, and congruence (Rogers, 1957; 1980). For Rogers, these three elements represent not only attributes or characteristics of the helper, but are descriptive of the ways in which helpers act.

That these personal attributes also describe a way of being is consistent with how these participants described the creation of a therapeutic relationship. The themes of the first domain were seen to guide the actions represented in the second domain. Thus, the participants extended themselves into the client's larger world with a spirit of learning about that world. And they acted to include their client's culture within the therapeutic environment in ways that were meaningful to their clients. These were not simply token efforts undertaken to demonstrate or prove knowledge about their client's culture. These actions reflected the genuine interests of the helpers.

The results of this study appear to be more concurrent with the kind of therapeutic relationship Rogers has articulated (Rogers, 1957; 1987). His concepts of congruence and unconditional positive regard are strongly reflected in the first domain, particularly in the themes of Being Genuine and Being Non-Assumptive. While empathy was neither clearly or consistently identified in the interviews, there are some similarities between Rogers' description of empathy and how the participants spoke about being non-assumptive and listening. Rogers (1980) identified empathy as a process versus a state, similar to how the participants viewed being non-assumptive as not only an attribute but a way of acting. This

empathic process requires the helper to continually check with the client as to the accuracy of the felt meanings and experiences (Rogers, 1980). These empathically understood perceptions must not be assumed to be accurate, but examined against the real experiences of the client. This is analogous to the unassuming stance taken by the participants when creating a therapeutic relationship.

Some areas of consistency between the therapeutic alliance literature and the results of this study can be found. The participants communicated that finding some common ground in the relationship was important. As Douglas put it, understanding that there is a "universality of experience" (for example, emotions like love, loss and joy) was also important in allowing for a co-operative element to enter the relationship. As first indicated by Bordin (1979) and later repeated by others (e.g., Horvath & Greenberg, 1994), the degree of agreement and co-operation is an important element in determining the strength of the alliance, and consequently the effect that it can have on outcome.

But there is a qualitative difference within this area of agreement. These participants indicated that finding a common ground did not necessarily mean finding agreement with their clients. This common ground was an acknowledgement of elements universal to the human experience. It was not an agreement on the goals of therapy, or the interventions to be used. Instead, these participants indicated that when differences between themselves and their clients arose, they used this common ground to help maintain or re-establish a therapeutic relationship.

Additionally, both the construct of therapeutic alliance and the results of this study place an importance on actions taken within the relationship. In the therapeutic alliance these actions are the 'tasks', or the activities and interventions helpers and clients agree to do to achieve specific goals (Horvath & Greenberg, 1994). These participants related that

becoming visible in the client's community and incorporating relevant aspects of the client's culture were two crucial actions they took in order to create a strong therapeutic relationship. It was clear to the participants that having specific beneficial attitudes or respect for culture as intellectual activities was not effective. It was crucial to provide a visible action.

In part, the results of this study assist in providing answers about how helpers can go about creating a strong therapeutic relationship with Aboriginal clients. The participants clearly indicated a preference for concentrating on the process of the therapeutic relationship/alliance. By doing so they naturally identified attitudes and behaviours that created a safety and trust within the relationship. In general, these actions and convictions indicated a teachable spirit; a helper who was willing to understand their client by readily extending themselves beyond their own usual boundaries. For these participants, such actions and attitudes demonstrated and enabled the authenticity of the helper.

Culture-centered counselling

Perhaps the most significant contribution that the culture-centered movement has brought into psychology is the conceptual framework of helper competencies in counselling culturally different clients. These aspirational competencies have developed from the ongoing work of many authors (Khoo & Abu-Rasain, 1994; Pedersen, 1998; Sue & Arredondo, 1992; Sue, Ivey, & Pedersen, 1996; Sue, et al., 1992). As previously identified in the literature review, competencies are arranged along three dimensions: the helper's awareness of their own assumptions, biases and values; the helper's ability to develop appropriate intervention strategies and techniques; and the helper's understanding of the world view of the culturally different client. The greater their abilities, knowledge and skills are regarding these three dimensions the more competent and capable a

helper may be in working with clients from a different culture.

The results of this study strongly parallel all of these dimensions. These competencies are highly evident and well represented in the themes which comprise the results. For the participants, having an awareness of their own values and biases was a crucial aspect of being non-assumptive and genuine. This awareness was not only a state of mind, but an active process (Sue, et al., 1996). By expanding themselves outside their usual boundaries, the participants were often confronted with alternate realities and experiences which made them examine their own beliefs. At times, this meant confronting uncomfortable realities about themselves, such as acknowledging that they could hold racist or prejudiced beliefs about their clients.

In conveying what they saw as appropriate intervention strategies and techniques, these participants consistently related how such interventions should include, reflect, or be relevant to the client's culture (Sue, 1996). This was not a token effort at incorporating some irrelevant aspect of culture, but a genuine interest in opening up the therapeutic process to incorporating culture in a way meaningful to the client. For the participants, appropriate interventions also included those which focused on building the relationship between the helper and the client. In this sense, all of the themes and domains may be viewed as kinds of interventions or techniques.

In relating their understanding of creating a therapeutic relationship, the participants vigorously attended to understanding the world view of their clients. A client's world view is instructed from many sources, and understanding the complexity and diversity of the individual client and client populations is crucial (Sue & Arredondo, 1992). By insisting on a non-assuming stance towards their clients, these participants felt they were respectfully acknowledging the diversity of Aboriginal people and culture.

For them, understanding the clients world view meant not assuming that Aboriginal people all share identical values, beliefs, or spirituality. In addition, it required a way of listening to the client that allowed their story to be told: a story which provided the participants with a clearer understanding of their client.

The participants also felt that some broad knowledge regarding the experience of being Aboriginal in Canada was important in their ability to understand each client. Issues such as racism, poverty, and the effects of residential schooling were raised with the caveat that this information should not be automatically applied to all Aboriginal clients.

Sue and Sue (as cited in Sue & Arredondo, 1992) indicate that these competencies stress the fact that becoming culturally skilled is an active process. While certain areas of awareness characterize the competencies, they are not necessarily achieved in some final state. Rather, they indicate aspirational goals which direct the process of becoming culturally skilled. For the participants in this study, the emphasis on this process was important. Previous positive or successful experiences working with Aboriginal client groups did not determine present actions with individual clients. The participants took the position of engaging in a learning process with each client. In essence, they continually renewed their cultural skills by acting in accordance with the themes and domains presented in this study. Participants did not necessarily view themselves as having or attaining cultural skills per se; they represented themselves as being able to achieve an awareness and understanding of the importance of the client's culture. They clearly valued and integrated the role that culture played.

The culture-centered counselling field has suggested a wide variety of methods regarding the training of helpers in cultural competencies, many of which include a variety of different educational methods for graduate students (D'Andrea, & Daniels, 1991; D'Andrea, et al., 1991; Das, 1995;

France & Presuad, 1991; Sue, 1991). Most favor inclusion of cultural issues and competencies throughout the entire curriculum, or at least including a class specific to the issue. The results of this study emphasizes a particular way in which the participants gained an understanding of their Aboriginal client, and competency working with that client group. Competencies were attained via different kinds of life experience with Aboriginal people, and generally not by education alone.

Life experience varied in both duration, amount and content amongst the participants. It was not limited to the helping profession. For example, some identified early friendships with Aboriginal people. Some participants grew up in a rural environment or in a small town, where they had close proximity to a reserve. For another, the majority of their experience with Aboriginal people has been through the contact of a helping relationship.

Regardless of the variety, all the participants communicated that understanding a client or culture as an intellectual exercise represented a false kind of knowledge. Instead, they emphasized understanding through experience. This then meant that a helper would be required to take action with a willingness to be the learner, not the expert. From the results of this study, these actions are clearly identified under the domain of extending yourself.

Helping Aboriginal clients

From the proposal that current helping models do not address or reflect the values and social concerns of the Aboriginal culture (Garret, 1999; Herring, 1992), a more culture-specific model that acknowledges and integrates Aboriginal values may be required in order for non-Aboriginal helpers to work effectively with Aboriginal clients (Bruce, 1999; Herring, 1990). While no one specific helping method is established, there are several general themes which emerge from the literature. The

recommendations for working with Aboriginal people has been delineated into three themes: the importance of knowledge regarding Aboriginal culture and history; specific helper characteristics or qualities which are beneficial when working with Aboriginal people; and some specific actions and interventions non-Aboriginal helpers may use. The results of this study will be examined in light of each of these themes.

The literature generally agrees that helpers should have a good understanding of the world view of the Aboriginal client they are working with (Bruce, 1999). This includes understanding the common cultural values, beliefs, and history of Aboriginal peoples as well as identifying the specific values and beliefs of the individual client they are working with (France, 1997; Garret & Garret, 1994; Herring, 1992). These may be different from those generalized to exist within the Aboriginal culture (Bruce, 1999). Thus, acknowledging the diversity within Aboriginal people, groups, and culture is important (Garret, 1999).

The results of this study are very consistent regarding the significance of understanding both general Aboriginal culture and the individual client's beliefs, values, etc. The participants were clear that one of the purposes of engaging themselves in the clients community was to learn about the culture and how it impacted and was interpreted through the client. The participants did not presume that all Aboriginal communities (family, reserve, village) shared identical cultural values or beliefs. It is clear from the results that respecting and recognizing diversity was a crucial factor in creating a strong therapeutic relationship. More specifically, it is generally thought that information regarding Aboriginal values (Garret & Garret, 1994; Herring, 1990), communication styles (Herring, 1992; McCormick, 1995), traditional healing practices (Garret & Myers, 1996; Sue, 1999), and the role that elders (Herring, 1992) and spirituality play in Aboriginal culture (Herring, 1999), represent specific

areas that helpers should have knowledge of.

For the participants in this study, attaining a certain amount of knowledge regarding Aboriginal culture was incidental to gaining an understanding of how that culture was lived by their client. Knowledge represented facts and assumptions, in this case about culture, which could be falsely applied to an individual client. Instead, understanding implies recognition that culture is lived out differently by all their clients. The participants did recognize that similarities and generalizations may exist, but that it was important to not assume they all applied for their clients. The participants wished to understand to what degree they applied.

Despite the appearance that only a marginal amount has been written regarding the specific kinds of personal helper characteristics which may be beneficial in developing a therapeutic relationship with Aboriginal clients, existing research does agree on several important personal qualities. These include trust and safety (Bruce, 1999; Janzen, et al., 1994; Smith & Morrissette, 2001), listening ability (Bruce, 1999), genuineness (Garret & Garret, 1994), and self-knowledge (France & Presaud, 1991; McCormick, 1995).

Safety and trust are a feature in the results of this study. When talking about authenticating themselves in the eyes of their clients, the participants spoke about being perceived as being trustworthy and safe. These were both personal qualities as well as ones which characterized the relationship itself. In that they were thought of as personal attributes, the participants were clear that it was the client's perceptions that were important. Thus, deeming oneself as trustworthy and safe in character was not enough. Only through demonstration of both attitudes (domain one) and action (domain two) could trust and safety be developed and bestowed. From the results of this study, it may be more appropriate to view trust and safety not as helper characteristics, but as positive features of the

relationship between client and helper.

It is evident that some other personal qualities (listening ability, genuineness, and self-knowledge) are obviously seen in the themes of the first domain. But while some (Bruce, 1999; Garret & Garret, 1994) would call them personal characteristics, in that they represent some aspect of the helper's personality or inherent abilities, the participants in this study did not share that view. Instead, they preferred to view their qualities as kinds of attitudes which they held. These attitudes better represented ways of thinking and acting than internal traits. The participants did not necessarily have a natural ability to listen or to be genuine in new and different ways. These evolved from attitudes which guided action, and the resulting experience then reinformed or reinforced attitudes and guided further action.

Generally, the literature regarding actions or interventions that non-Aboriginal counsellors might use with Aboriginal clients appears to be derived from specific Aboriginal cultural values or identified personal helper characteristics. There is very little empirical evidence to suggest that they are effective. Instead, most authors indicate that these interventions are suggestions which may work with some Aboriginal clients. These interventions include incorporating traditional healing practices (France, 1997; Garret & Myers, 1996; Poonwassie & Charter, 2001; Restoule, 1997; Williams & Ellison, 1996), involving the community in the helping process (Ellison & Florence, 1996; Kavanagh, et al., 1999), and becoming involved and active in the client's community (Bruce, 1999; Herring, 1992).

Including and supporting traditional healing practices alongside more mainstream strategies is one way for non-Aboriginal helpers to effectively address and respect the cultural values of their Aboriginal clients (France & McCormick, 1997). Many authors provide examples of specific traditional

practices (such as the sweat lodge) which might be included (Garret & Osborne, 1995; Poonwassie & Charter, 2001; Restoule, 1997). The participants in this study agree that supporting and including cultural healing practices was important. This also included involving community members such as elders or significant relations in the helping process. While such practices may be viewed as interventions, they also act to solidify the therapeutic relationship. But one should not assume the kinds of specific activities which an Aboriginal client may want to participate in. The ability to integrate traditional practices comes through the interests of the client to do so, not simply the willingness of the helper to include them. Finally, the participants indicated that the specific cultural practice included was less important than the spirit with which such collaboration was undertaken.

In an extension of the above, the participants in this study felt that they needed to extend themselves regarding the standard ways in which they practice their profession (Williams & Ellison, 1996), and actively involve themselves in learning about their client's culture and community (Bruce, 1999; Herring, 1992). This meant becoming visible in the community. While some authors suggest specific ways in which this could occur (Bruce, 1999; Restoule, 1997), the participants indicated that knowing which community events to involve themselves in was less important than the spirit which guided their actions. It was clear that they perceived the intention behind these actions as being more meaningful personally and to their clients than the act itself. But it was not enough to have good intentions. One needed to act.

Implications for helping professions

The implications for the helping professions will be presented with regards to a few areas of relevance. These include working with Aboriginal

clients, recommendations regarding helper education, and ethical issues which may arise.

For helpers who work with Aboriginal clients it is salient to emphasize several key points, evident in both the results of this study and the existing literature. First, although therapeutic alliance theorists place weight on developing specific interventions and setting goals, in this study creating a dynamic therapeutic relationship (bond) appeared to be more relevant with regards to the helping process. This is not to suggest that goals or tasks are irrelevant to helping Aboriginal clients, as that is clearly not the case. But instead, it tips the balance towards viewing the relationship as central to the helping process, not just one-third of it.

In addition, it is clear that operating from within certain professional norms is not enough. Helpers should act to expand their presence outside the counselling office, and expand their helping process outside what one might consider to be the bounds of the orthodox counselling relationship. They should be guided by a willingness to learn about their client, from their client; and about their culture, from that culture.

The ability to act is also important. It emphasizes the need to actualize certain helper attitudes, such as being non-assuming, into relevant and meaningful action. Acting is also important in demonstrating the helper's credibility to their clients. Credibility is gained by being observed as a helper who does not only say or believe things, but acts them out accordingly.

Several recommendations emerge regarding helper education from the results of this study. The process of becoming competent in working with clients from a different culture may be viewed as being less that of attaining special or privileged knowledge than that of gaining an understanding through experience. The difference between knowledge and understanding may appear subtle at first, but in actuality it may greatly

affect the way in which a helper goes about their work with a culturally different client.

In one respect, knowledge about a culture can be seen as facts, truths, and generalizations which may ultimately have little relevance to an individual client. In other cases this knowledge may be factually accurate. Regardless of the accuracy of such knowledge, a helper should not assume to understand how the culture impacts the life experiences of a client. Even if raised in identical cultural environments, two clients will actualize that culture in different ways. Knowledge about a culture is less important than an understanding of how culture impacts the client, the helper, and the relationship they create.

This may extend to knowledge about culture-centered competencies as well. To have a great amount of information about such competencies is useful, but knowing how those competencies are then transformed into meaningful attitudes, actions and abilities requires something else: an understanding of how those competencies are experienced and lived out in real helping settings.

There appears to be a difference between the importance of knowledge about culture and helping competencies as expressed in the literature, and the attitudes and actions which assisted the participants in this study in understanding their clients and their culture. This difference appears to be one of acquired knowledge versus an applied understanding based on education. While education regarding different types of knowledge (either about a specific culture or about culture-centered competencies) is required, it becomes clear that this does not immediately or obviously translate into an understanding of how to enact this knowledge.

This suggests that practical experience should be included in training programs. The effects such practica have on helpers' knowledge and their

abilities to apply such knowledge would be beneficial. Such research could also lead to greater understanding of the many elements that go into the process of becoming competent in working with clients from different cultures.

The practicum experience should focus on two key elements. The first is learning how to understand a client's culture. This will require the helper to learn to be non-assuming, to listen in a way that allows the client's story to be told, to understand themselves, and to act with a spirit that conveys a willingness to go beyond their own experiences to learn about the client. The second is finding ways of incorporating this new understanding into the helping context in a substantial way.

Ethical issues

In working with culturally different clients, helpers should be made aware that ethical issues may arise that may be unique as well as issues that become difficult to address because of the cultural circumstances. The act of extending one's self into the community of a client, and incorporating cultural practices in the helping setting, may provide a variety of unforeseen ethical concerns.

In becoming a visible member of a client's community, perhaps by attending public community events, the helper may cross or blur the boundaries which protect the client from dual relationships. The helper may be seen as not only the client's therapist/counsellor/social worker, but perhaps also as a family friend. In addition, this may also be challenging for a client who wants to retain some anonymity in the community regarding their counselling. Not engaging with the client's community, however, may have serious implications. It would limit the ways in which a helper could gain understanding about a client's culture by denying access to valuable sources such as elders. In addition, it could limit the degree

with which the community could be involved in the client's therapy.

Incorporating cultural practices may introduce a situation like the one the participant, Jeannette, found herself in which not participating would risk serious damage to the therapeutic relationship, but participating might blur client-helper boundaries. Such issues require considerable thought and great care to ensure that the helper is acting within the limits of their professional competencies.

Resolving such dilemmas is not a neat process. Helpers should have a clear understanding of the expectations of their respective professions regarding such ethical issues. In the case of helpers who often work with culturally different clients, developing a network of knowledgeable and understanding colleagues would go a long way to assisting in the resolution of ethical issues which arise. In addition, it would also be of benefit to have contacts within communities and cultures who could assist in clarifying the meaning of these issues from their perspective.

That these ethical issues exist when non-Aboriginal helpers work with Aboriginal clients may demonstrate that the current code of ethics is bound to the predominately "white" culture of the counselling profession in which it exists. This kind of criticism is not new, and varying responses have been made with regards to this critique (Herring, 1992; Pettifor, 2001). In responding to the question "Are professional codes of ethics relevant for multicultural counselling?", Pettifor (2001) argues strongly that they are. And it seems doubtful that any helper working with culturally different clients would argue. But she does not address the more obvious question, "Are the *current* codes of ethics relevant for multicultural counselling?"

The first principle of the Canadian Psychological Association (CPA) code of ethics (1991), "Respect for the Dignity of Persons" emphasizes the moral rights of the individual, and is expected to take precedent over the

fourth principle "Responsibility to Society." But it may be that Aboriginal people would view this differently, placing more (or at least equal) emphasis on a psychologist's responsibility to the greater community.

The code of ethics is intended to guide psychologists in their everyday conduct, thinking, and planning, and in the resolution of ethical conflicts (Canadian psychological Association, 1991). The primary purpose is to protect the public and clients from harm, yet the code represents only the profession's approach to solving problems and directing the action of members. Does if reflect the needs, vulnerabilities, and values of the client? In resolving their ethical dilemmas, the participants in this study stated the need to have their decisions be responsive to the client's needs and values. This meant viewing the code of ethics from the perspective of their clients first, not only from the perspective of their profession.

Recommendations for future research

The construct of therapeutic alliance as it applies to work between culturally different clients and helpers should be further investigated. No known empirical evidence supports the validity of this concept, as it is currently conceived, across cultures. New conceptualizations could emerge. The results of this study suggest that when the client and helper are culturally different, it may be more accurate to place emphasis on the role of the bond in therapeutic alliance.

Investigations into applied ethics would also be of benefit. It is clear that working with clients from a different culture will likely raise ethical issues that are particular to that helping context. Although professional ethical codes remain relevant and important, they may not necessarily provide helpers with suitable guidance in identifying and resolving ethical issues in the less familiar territory of culture-centered helping. Considering this, further research into applied ethics regarding this topic seems

appropriate.

This study presents the voices and experiences of non-Aboriginal helpers. In their own words, learning from the client is a powerful way to gain understanding and knowledge. Therefore, it seems apropos to undertake a similar study with Aboriginal clients, adding their experiences to our understanding of creating a strong therapeutic relationship. Such a study would also help to address one of the limitations of this study.

Limitations

Although the results of this study are strongly consistent with previous research and literature, they represent the helper's view of creating a therapeutic relationship. No attempt was made to include client perspectives, and without their voices being represented the results can be said to represent one side of the process at best. Further investigations regarding client's experiences creating a therapeutic alliance with culturally different helpers is warranted.

The small number of participants in this study means that the results should be viewed as tentative in nature. Although there was high degree of agreement and specificity amongst the participants regarding the themes and domains generated in this study, it is possible that by interviewing more participants additional themes may emerge, or that current themes would change in relationship, content, or importance.

The degree to which the participants were actually able to create a good therapeutic relationship with Aboriginal clients was only informally ascertained. This was done during the initial interview by investigating their previous and current helping experiences, their attitudes towards working with Aboriginal people, and their belief that they were successful. In addition, third parties (such as colleagues) were consulted to provide additional information for some of the participants. Future researchers

could address this limitation by getting the client's perspective of the quality of the relationship, or by using a standard measure such as The Working Alliance Inventory as a general evaluation.

As a result of this design and the tentative nature of the results, this study should not generalized to other settings or populations. When considering the transferability of this study, the reader is advised to carefuHy examination of the applicability of that setting to these results.

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APPENDIX A

PARTICIPANT INFORMATION FORM

Participant Information Form
Title: Non-Aboriginal Helpers' Experiences in Developing a Therapeutic Relationship with Aboriginal Clients

Principle Investigator:
Mr. Jason Murray
Department of Educational Psychology
University of Alberta
492-3746

Co-Investigator:
Dr. Robin Everall
Department of Educational Psychology
University of Alberta
492-1163

Dear Participant,

The purpose of this project is to learn more about the process by which non-Aboriginal helpers develop a therapeutic alliance with Aboriginal clients. More specifically, the research focuses on the personal characteristics and therapeutic techniques which the helpers found particularly beneficial in creating a therapeutic alliance. Conversely, it is expected that some understanding of negative influences in regards to alliance will also be revealed. It may also be possible that a new perspective on the nature of the therapeutic relationship itself will emerge.

There are several possible benefits for the proposed study. A clearer understanding of the personal qualities and techniques required by non-Aboriginal helpers to create a therapeutic relationship with Aboriginal clients will be developed. This, along with other research, may be used to create a protocol with which non-Aboriginal helpers may refer to when working with Aboriginal clients. In addition, it is possible that new ideas which broaden the nature and definition of a therapeutic relationship itself will be revealed. In sum, this information can be used in educating helpers within both the broader context of cross-cultural counseling and the more specific situation of working with Aboriginal clients. this research is being conducted as partial fulfillment for the principle investigator's Masters thesis. The results of this research may be used for presentations at conferences or publication.

Your involvement in the project will require you to share your experiences, via an individual semi-structured interview, in regards to working with Aboriginal clients and the development of the therapeutic relationship. Interviews will be audio or video taped and then transcribed so that relevant data can be analyzed. Afterward, you may be asked to report on the accuracy of the findings of the researchers. It is expected that you total participation time will not exceed 2 hours. Given the nature of the project, it is possible that the subject matter may cause discomfort for some participants. Should this occur, appropriate referrals will be made for support and assistance.

Your participation and individual interview will be kept completely confidential. To ensure confidentiality, all consent forms, audio or videotapes, and transcripts of interviews will be kept in locked cabinets to which only the researchers have access. Only the researchers will listen to or see the taped interviews. In the draft and final report you will be given a pseudonym, and any other identifying information will be altered to protect your identity. All consent forms will be stored separate from the raw data. You may decline to continue or withdraw from the project at any time without penalty. In order to withdraw, all you need to do is inform one of the investigators. Should you have any concerns, feel free to contact any of the investigators listed above. **Please read and sign this consent form to indicate your involvement in this project**. Thank you for your time and consideration.

APPENDIX B

CONSENT FORM

Consent Form
Non-Aboriginal Helpers' Experiences in Developing a Therapeutic Relationship with Aboriginal Clients

Principle Investigator:
Mr. Jason Murray
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492-3746

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_____
Name of Participant

_____ _____
Name of Researcher

_____
Date

APPENDIX C

GENERAL INTERVIEW GUIDE

General Interview Guide

1. Is there a particular client, or experience working with an Aboriginal client, that stands out for you? What about this client or experience made it memorable?

2. When you think about creating a therapeutic relationship with Aboriginal clients, what has been beneficial or harmful in that process?

3. What do you consider a good therapeutic relationship to be?

4. How did you address problems or conflicts in the relationship?

5. In what ways did you find creating a relationship with Aboriginal clients different or similar to other clients you have worked with?

6. What role does their culture play in this process? Your culture?

7. Have there been experiences outside of your work with clients that have impacted how you approach creating a therapeutic relationship?